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MEDICAL ECONOMICS

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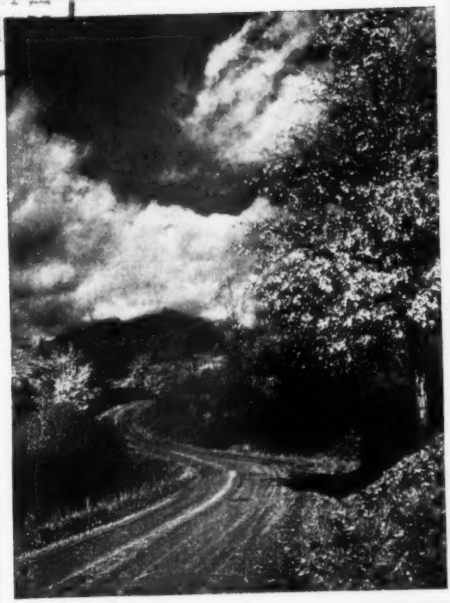
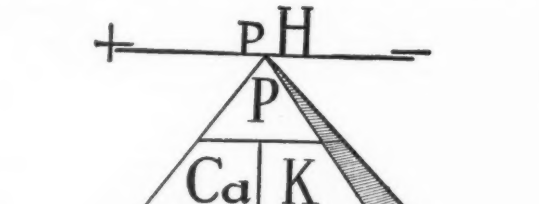


MAY, 1937

XUM



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MEDICAL ECONOMICS

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

CONTENTS FOR MAY, 1937

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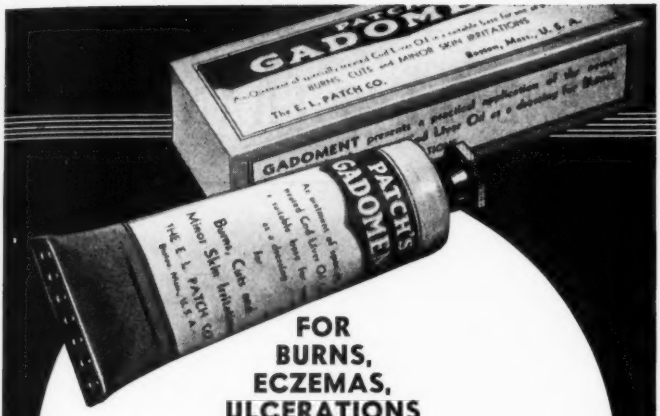

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☆ SPEAKING FRANKLY ☆

THRUST

TO THE EDITORS: With regard to "City vs. Small Town" in your February issue (page 48), I wonder how the author, a busy surgeon, finds time to read $250 worth of journals and books every year. Are you running a comic department, or is this a case of "believe it or not?" Since the writer remains anonymous, of course no one can check up on him.

I notice that the article is labeled "a true story." Doesn't that carry a peculiar implication? Perhaps it should have been submitted to a certain periodical which specializes exclusively in "true stories" in which the real names of the characters are not revealed.

H. V. Hendricks, M.D.
Kalaska, Michigan

[*To Dr. Hendricks, for his contribution to our "comic department"—thanks. The author of "City vs. Small Town" is no figment of the imagination, but a flesh-and-blood M.D. He was invited to reply to Dr. Hendricks, and has done so, continuing to remain anonymous for reasons which should be self-evident. His letter follows.*—ED.]

RIPOSTE

TO THE EDITORS: Criticynic Hendricks takes too much for granted. Nothing in the article he finds so offensive indicates that I buy $250 worth of journals and books every year. The item varies —may be more this year, less next.

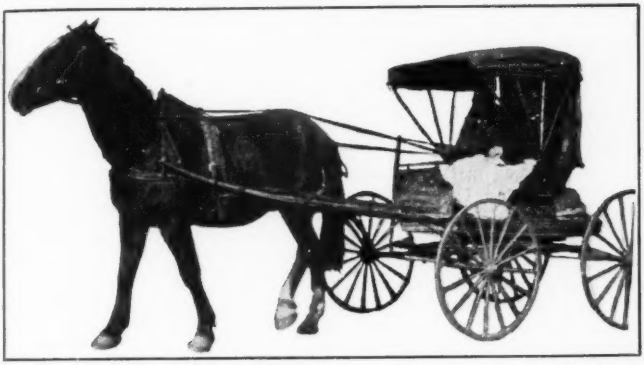
Let Henning Vitalis Hendricks look at his own records. Perhaps he rashly spent $7 for books and journals in 1935, squandered $17 on them in 1936.

One does not read medical books and journals from cover to cover (excepting MEDICAL ECONOMICS). Sadly remiss, I have not completely finished my Lewis *Practice of Surgery* or my *Cyclopedia of Medicine* (13,424 pages). I admit with shame that my Bickham *Operative Surgery* (6,279 pages) contains a few words as yet unread. My Key and Conwell *Fractures, Dislocations, and Sprains* runs 1164 pages, but I have not read them all. My Eusterman and Balfour *Stomach and Duodenum* displays 958 invitingly seductive pages, "many of which remain virgin—to my misfortune," as Candide remarks. But I have read and sometimes reread parts of each book and journal in my growing library.

A teacher of mathematics does not carry a logarithmic table in his memory, nor does a carpenter carry all his tools on his back. But he knows where to find them. The point is, my library furnishes material when I need it, just as my Smith-Peterson nails are at hand when I need them. That's important in country practice where competition flames so greenly jealous.

Time? Ah, there's the rub! The bulk of my reading is done between eleven and one at night—almost every night. Comfortably relaxed in bed with a four-pillow backstop and a support for cumbersome book or journal I really *read*. Like some forms of sinning, it's a habit. Customarily, I get in a thirty minute nap immediately after dinner, so I do not feel deprived

Obsolete!



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of sleep. Now and then an article in one of the current journals on my desk can be absorbed during office hours in a lull between patients.

Let Dr. Hendricks bear in mind that truth is stranger than fiction; but that to differentiate may require average intelligence.

"Ripley"

BITTER MEDICINE

TO THE EDITORS: I agree heartily with what Thomas D. Thacher has to say in "Medicine and the State" (March issue).

It is idle to think that advocates of state medicine will consider past discoveries of medical science or past services to humankind in their onward surge. The Social Security Act will lead us into compulsory insurance. An unthinking and gullible population, led on by paternalistic state generosity, is gradually becoming more enamored of state-governed health projects—in other words, state medicine.

Mr. Thacher correctly shows that universal application of a single remedy, without consideration of local conditions, will lead us into greater confusion and into more blind spending of government largess with less relief of distress.

Is it strange that we physicians become bitterly critical (if often inarticulate) in our opposition to a measure which will stifle initiative and shackle personal liberty even though it may give us a permanent government meal ticket? Does not our history of service entitle us to say honestly, with some assurance of an earnest hearing, that the level of national health and the caliber of medical men will be lowered? Must we be made the football of politics without a fight?

It behooves each physician to study this problem and to educate his own patients in the dangers of socialized medicine. Let them be shown that the basic American principles of individual initiative will be thrown into the scrap heap; that the physician will become a mere federal employee, his every move ordered according to the particular brand of red tape favored by the bureaucrats in control.

W. H. Brandon, M.D.
Clarksdale, Mississippi

TO THE EDITORS: Mr. Richardson's article, "State Medicine Nears" (Part IV, April issue) brings forcibly to mind that a ghost, considered effectually laid in the skirmishes of a few years ago, is very much alive. Indeed, said ghost is stronger than ever before because of the stranglehold on the nation obtained by the political party which espouses it . . .

For several years we have observed a growing tendency on the part of the public to accept meekly any and all panaceas proposed by political wiseacres in Washington. Now it seems doubtful that a sufficient volume of enlightened public opinion could be marshalled to defeat any plan deemed politically feasible by the Stalins, Hitlers, and Mussolinis of American politics.

Certain it is that nothing short of concerted and determined action by the physicians of the country can rally sufficient support to stall the progress of state medicine.

J. M. Fleming, M.D.
Elkhart, Indiana

OBSTETRICS PREPAID

TO THE EDITORS: "Cash on Delivery," by Dr. L. C. Northrup (March issue) sounds nice, but he must be an obstetrician, not a general practitioner. The general man's fees are not usually as high as those mentioned by the author—not in this locality at any rate.

A plan which I have started has found favor among my obstetrical patients and has helped me a great deal. They pay $3 to $5 at each visit for prenatal care. (Dr. Northrup charges $10). After deducting the actual cost of medicine given, I apply the rest

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toward my $25 fee for delivery. Any outstanding balance is paid at the time of delivery.

The plan relieves patients of the burden of a large bill when the "blessed event" occurs, guarantees the case to me, and binds me to perform my part of the agreement. Furthermore, I find that prospective mothers come to me more regularly for prenatal care and for advice in the event of complications than they would otherwise. M. D., Michigan

IF THE SHOE FITS—

TO THE EDITORS: In one of our broadcasts some time ago mention was made of the fact that we had just purchased a pair of shoes for a one-legged boy. We announced that the extra shoe was available to someone needing it, and stated its size. Within fifteen minutes we had received five requests for that shoe. That was the beginning of the amazing development of our Odd Shoe Exchange. Newspapers picked up the story as did the *Reader's Digest*. Subsequently, the exchange has developed a nation-wide reputation.

To the many doctors who read MEDICAL ECONOMICS I should like to point out that we are in a position to help them. They, in turn, can help us by telling their crippled patients and friends about the Odd Shoe Exchange.

Miss Selma Kienzle, 1321 McCausland Ave., St. Louis, will gladly answer any queries relative to the exchange.

Mrs. Norman M. Windsor, President
Child Conservation Conference, Inc.
St. Louis, Missouri.

DOCTORS, NOT MECHANICS

TO THE EDITORS: I was sorry to read the letter from Dr. W. S. Bartholomew, Lebanon, Nebraska (March issue, page 6). I am heartily opposed to state medicine; but, having spent many years in the army as an active operating surgeon, I must resent the statement that army patients are cared for as a car in a machine shop. Dr. Bartholomew's service must have been very unhappy. No finer collection of doctors exists than those in the army; no group of men has given more to medical science.

R. W. Layton, M.D.
Boston, Massachusetts

IBSEN NO SWEDE

TO THE EDITORS: I can't help but call your attention to a misstatement on page 85 of your February issue to the effect that Ibsen was a Swedish author. As a matter of fact, he was born in Skien, Norway. His parentage has been traced back to a certain Danish skipper.

The Danes may have some claim on Ibsen; but Swedes certainly have none.

J. A. D. Engesather, M.D.
Brocket, North Dakota

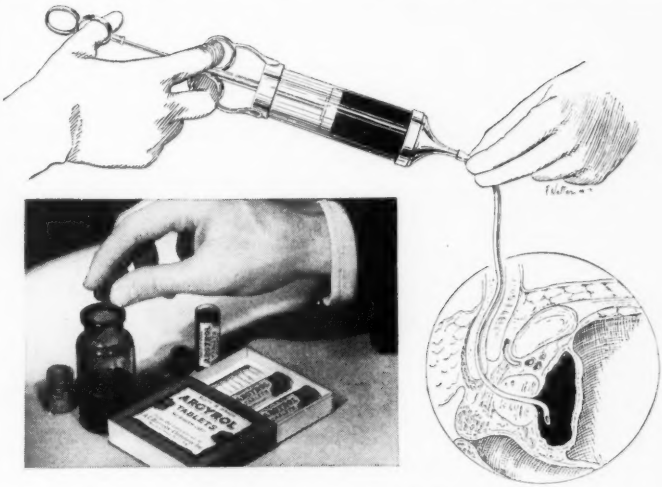
LESS GROUSING, MORE WORK

TO THE EDITORS: If my confrères would do a little less grousing about competition and expend a little more effort on building practice in the office, they'd be a lot better off. Aside from giving better service generally, one of the most practical ways to meet competition is to offer services which competitors neglect.

I do not mean that we should compete with specialists, or that we should do a mediocre appendectomy just to keep up with the man down the street who is "branching out." If a patient needs a tonsillectomy, his family physician makes no mistake in sending him to an ear, nose, and throat man. But if he needs merely to have his maxillary sinuses washed out and is referred to a specialist for that work, he can hardly be expected to return to the general practitioner. Obviously, the latter should learn to do such work himself. It gives relief and the patient appreciates it. Thus relations are cemented.

How does the drugless man hold his clientele? By giving them that personal touch which the medical man so frequently overlooks. Most cultists' re-

In Cystitis—ARGYROL



A noted urologist who recently suffered from an attack of cystitis, wrote us a letter from which we quote: "If we urologists realized how quickly the pain and distress can be relieved by an irrigation and instillation of Argyrol solution, I doubt if we ever would use silver nitrate and other irritating antiseptics."

For this compliment to Argyrol from an authoritative source, we are grateful. Experience of thousands of physicians everywhere has shown that before and after the primary cause of cystitis has been removed by surgical procedure, irrigation and instillation of Argyrol solution (5 to 20 per cent) generally prove invaluable. Relief is often instantaneous and usually lasting. Argyrol "may prove wonderfully soothing," according to another noted urologist.

The explanation is found in the detergent and pain-allaying effect of Argyrol on inflamed mucous membrane — not only in the urinary tract, but throughout the body.

It should be emphasized that Argyrol is not just another mild silver protein. It is *sui generis*, in a class by itself. Introduced in 1901, Argyrol has never been duplicated. No other silver product contains silver in the same chemical and physical state, nor protein of a similar high quality and suitability. Argyrol does not become irritating with increased concentration. Your insistence on having the name *Barnes* on all solutions ordered or prescribed by you will insure the results you expect.

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XUM

sults are obtained, after all, by procedures that belong properly to scientific medicine. If we treat lumbago with infra-red and ultra-violet applications, we render a legitimate service which the patient will appreciate even more from us than from the "rub doctor."

I know of a whole county where all office treatment of hemorrhoids and varicose veins is done by a cultist. No wonder people there have come to believe that only the "new doctors" (as against "pill doctors") are capable of doing such work!

How did the optician get his branch of medicine away from us? That I don't know. But I do know that we can get it back if we go after it. After all, why *not* refract eyes and supply glasses?

Most people consult us as therapists —not as an anatomists, diagnosticians, or pathologists. By and large, they appreciate treatment far more than diagnosis. For that reason, although considerable time may be spent on the diagnosis, the *treatment* given should be emphasized to the patient.

M. D., Washington

SLIDING SCALE LUBRICATED

To THE EDITORS: I am perfectly in accord with your ideas about broadcasting to people in lower income brackets that they can get proper treatment from qualified physicians at reduced rates (April Sidelights, page 22). Any man worth his salt would rather take care of a patient in the quiet of his office at a reduced fee than in the hurly-burly of a dispensary with no compensation. A true personal relationship cannot be achieved under the latter circumstances, no matter how conscientious a man may be . . .

A sliding scale of fees for such an abstract commodity as medical attention is almost mandatory if we wish to save the low-income patient from charlatans or from becoming a public charge through ignorance of the fact that good medical attention is available at a price he can afford.

Harold A. Peck, M.D.
Glens Falls, New York

HISTORY REPEATS

To THE EDITORS: Under the title, "Forgotten Hemostat" (February issue, page 150), you describe how Drs. Halladay and Orman of Tulsa, Oklahoma, removed a hemostat from a woman patient. The item states that the incident makes history.

About seventeen years ago I removed an ordinary hemostat from a woman who had been operated on in a distant town two years previously. The presence of the instrument was diagnosed by x-ray previous to operation . . . Resection of part of the intestines was necessary. The end part of the forceps had ulcerated through the bowel, but, fortunately, adhesions had walled it off. My patient made a good recovery.

Until now this case has never been reported . . .

J. W. Tankersley, M. D.
Greensboro, North Carolina

EXAMINING EN MASSE

To THE EDITORS: I have noticed your brief editorial advocating mass health examinations (April Sidelights, page 23). I agree that routine health check-ups of large groups of school children (and everybody else, for that matter) are of great benefit and I heartily recommend such procedure.

However, the trouble in the past has been that nurses and doctors in charge of such examinations have been too prone to refer those needing treatment to some charity ward or clinic rather than to private physicians. As a result, many people well able to pay have been treated free.

If this phase of the problem could be eliminated, I don't think anyone could object to the plan of examining en masse.

I. G. Duncan, M.D.
Memphis, Tennessee

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Sleep–Rest–Tranquillity

—these are important factors in any therapy. For the nervous, restless patient, relaxation and rest can be induced by the administration of

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Searle Metamucil is a purified and concentrated vegetable mucilloid prepared from the seed of Plantago Ovata (Forsk) and held in dispersion with a specially prepared milk powder.

Taken well diluted with any type of liquid, Searle Metamucil forms a soft, plastic, mucilaginous, lubricating, non-irritating fecal mass, promotes normal peristalsis.

EASY TO TAKE: The new type Metamucil is flocculent, and mixes easily with water, milk or fruit juice.

DOSAGE: One or two heaping teaspoonfuls in a glass of liquid (water, milk or fruit juice), reducing the dose as the condition improves.

IN ULCER MANAGEMENT: A teaspoonful of Metamucil in liquid five or six times a day aids in absorbing excess acidity and protects the ulcer crater from irritation by food particles.

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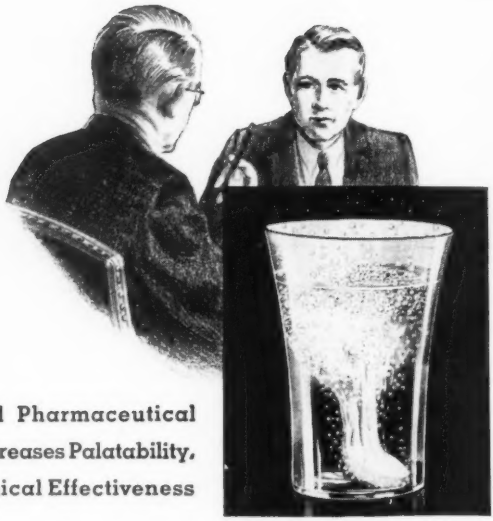

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First hand observation has taught physicians the world over that there is no better mineral oil emulsion than AGAROL. The wisdom of experience urges its use whether for the relief of acute constipation or for the treatment of habitual constipation. Effectiveness, palatability, convenience, every consideration favors Agarol.

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The reasons why are briefly discussed in a folder, which we shall gladly send you with a liberal supply of Agarol. Please ask for it on your letterhead.

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Mucilose Granules may be taken in the dry state by simply placing the dose on the tongue and washing it down with water.

If preferred, either Mucilose Granules or Mucilose Plain may be taken in milk or fruit juices or sprinkled on breakfast food. *In any event, liberal quantities of water are essential.*

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Mucilose provides a hemicellulose obtained from the Plantago Loeflingii. Supplies bland, non-irritating bulk without leakage, without impairing digestion. It produces large, formed, soft stools. Is corrective and regulative to the spastic bowel.

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● Apply complete dressings in 10 seconds with Band-Aid…a gauze pad mounted on adhesive. Individual envelopes containing 1" x 3" pieces in boxes of 100. On "ZO" Adhesive with borated or mercurochrome pads; on suntan or white waterproof adhesive with borated pads.

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...when resistance is low

Diet plays an important part in the convalescence of children from colds and other spring illnesses. This is because appetite and digestion are frequently under par and the demand for nourishing, building food is increased.

Reinforce the Ordinary Diet . . .

There is one food supplement which fulfills all the requirements of the convalescent dietary regimen. Originated for this *very* purpose, it is called Ovaltine. Highly nourishing and palatable, it is a food that is well rounded and easily tolerated. It not only tempts the taste, but can actually stimulate the lagging appetite of the convalescent child. A wide variety of "protective" food elements are found in Ovaltine. Easily prepared, it is well adapted to between meals feedings. Children are delighted with this treat and welcome it as an addition to their diet.

Why not recommend the use of Ovaltine at meals and between meals during the convalescent period? It can be of great value in helping to shorten convalescence, especially in children. Try it and see for yourself.

• • •

You may have some convalescent child in mind right now. If so, we will send you prepaid a large can of Ovaltine. Send evidence of professional standing to The Wander Company, 360 North Michigan Avenue, Chicago, Illinois.

Copr. 1937, The Wander Co.

M.E. 5

☆ SIDELIGHTS ☆

JOHN JONES DIES. A distraught family must arrange for his funeral. Knowing little about funerals, they call in the handiest undertaker and give him *carte blanche*—anything to avoid the distasteful details of getting their beloved one out of the house and into his grave.

If the family is lucky, it will later get a bill for about $400. If not, the financial toll may reach $1,000 or more.

Caught up in the confusion which death creates, most survivors find it difficult to plan an interment clearly and sensibly. They are particularly reluctant to consider such sordid factors as funeral costs. "John must have the best; don't spare any expense" is frequently the attitude taken.

The physician who recognizes this situation may earn the subsequent gratitude of the family by giving them some sound advice about funeral costs and the selection of an undertaker. In fact, if the people possess only limited means, it is his duty to caution them in this respect*.

A simple, dignified funeral meets all the requirements of good taste, at the same time leaving the family needed funds with which to support itself and to pay its medical and other debts.

THE PHYSICIAN who is not a member of his medical society may believe that he has sound reasons for not belonging. Yet such a man does well to review the advantages of membership every once and a while. More than ever before are the local doctor's professional connections a matter to be argued and discussed over the back fence.

Evidence of the regard with which society membership is viewed may be found in the recent decision of a well-known insurance company to pay benefits for accidents or sickness only if the medical attendant who treats the patient belongs to his county medical society. This supplements the established practice among insurance companies of demanding that their regular examiners have society connections; and it is but one of many elements that should be thrown into the scale when measuring the value of society membership.

GREAT BRITAIN'S MOVE to expand its health insurance system by admitting 2,000,000 more workers (see page 134) bears out the contention that once a bureaucracy sinks its roots into the national soil, hypertrophy is inevitable.

Just as the income limit is now being raised in England to swell the ranks of those insured against sickness, so, quietly one of these days, the grip of the system will probably be tightened by making it wholly compulsory. Following that, we may ex-

*For up-to-date facts on funeral costs, see page 26, this issue.

pect a broadening of the service itself to include such features as hospitalization, confinement care, and service for dependents, which it does not now embrace.

Those American physicians who prefer burying their heads in the sand to facing actualities have here a capital object lesson.

COUNTY ASSOCIATIONS that issue no medical publication of their own will find food for thought in the experience of the Lebanon County (Pa.) Medical Society. Not long ago that body began issuing a local bulletin. Within six months there was a 150% *increase* in the number of members attending the society's regular meetings.

A small membership and a limited treasury balance are by no means serious obstacles in the way of publishing a county association bulletin. The Lebanon County Medical Society has a roster of only forty physicians; yet last year it issued a sixteen-page bulletin once a month and earned a profit at the same time. This year it is publishing an even larger monthly periodical and anticipates a still more substantial profit.

AN ALLIANCE of doctors' secretaries has sprung up in recent years, dedicated to the proposition that all patients are worms. Candidates for this unique organization are called upon to pledge themselves as follows: "I hereby agree to—

"Make each patient feel as small as possible.

"Give him nothing newer to read than a March, 1934 *Hygeia*.

"Keep fifteen-watt bulbs in all waiting-room lamps.

"Allow no ventilation of any kind.

"Encourage office callers by saying, 'Doctor's busy; I don't know when he can see you.'"

If your Miss Schultz hasn't applied for membership in this club yet, see that she does so promptly. Otherwise, the next time you glance into your waiting room, you may find a few patients there.

MEDICINE, TOO, has its Andrew Carnegies. During recent years, library endowments have been finding their way into the wills of a growing number of physicians.

One of the most munificent gifts to date is that made by Dr. Sam E. Thompson, of Kerrville, Texas. The 65-year-old practitioner has bequeathed a $50,000 principal sum to the Texas State Medical Association, the income from which will be used to improve and develop the society's library.

Dr. Thompson's purpose, as he himself so aptly expresses it, is "to create an unending service to the medical profession . . . and through them a better service to the sick. A man who serves only while he lives, serves for but a short period. I would like my services—existing in some form—to go on indefinitely . . ."

The example set by men like Dr. Thompson speaks for itself. Similar bequests—however modest—promise benefits of enduring value.

NOW THAT the venereal disease problem has burst the bonds of public propriety and become a popular topic of conversation, quacks and unethical practitioners are reported to be "cashing in" on all sides.

Several medical societies have taken steps to investigate these unscrupulous practitioners and to bar them from practice. Other societies may well follow suit.

In Oklahoma, venereal patients are being warned to patronize private phy-

sicians only. Those who have no family doctor are advised to apply to their local medical service bureau.

If patients now suffering from syphilis and gonorrhea are to receive proper treatment and stand a chance of ultimately being cured, two current evils must be extirpated:

(1) Treating a patient for a venereal disease which he does not have.

(2) Treating an active case incorrectly.

All too many instances have come to light recently in which an individual responds to an offer of a free blood test, is told he has syphilis, and is then advised to undergo treatment. Later, applying to a reputable physician to have the first diagnosis checked, he learns there is not even a trace of infection.

Now and then, it's true, a sincere but incorrect diagnosis may be made. Yet the number of deliberate falsifications is too great to be overlooked.

Plenty of physicians competent to treat venereal diseases are available. For those people who cannot afford regular professional fees, some financial adjustment can always be made. *Patients should be apprised of these facts.*

BECAUSE BASIC SCIENCE laws caused a sharp drop in chiropractic in nine states, the Ellsworth County (Kansas) Chiropractic Association concludes that the laws are all wrong.

Basic science laws don't limit the practice of healing to any one profession. They simply specify that anyone who desires to treat disease by any method shall be versed in such fundamental subjects as anatomy, physiology, chemistry, bacteriology, pathology, diagnosis, and hygiene.

Far from compelling people to accept any single system of treatment, the basic science laws place the cachet of respectability upon all licensed practitioners of whatever sect. It is not the fault of the laws if, once a man has qualified in the basic sciences, he is able to perceive the fallacy of cult theories and prefers to cast his lot with orthodox medicine.

THE INDISCRIMINATE USE—or abuse—of physical therapy apparatus by unqualified laymen is too well recognized to merit emphasis. Yet, in spite of widespread recognition, it not only persists but is increasing.

High-frequency machines are a commonplace, not a rarity, in beauty shops and clubs today. More and more ultra-

violet lamps are finding their way into private homes with the passage of each week. And as for colonic irrigations—they've become a handsome source of income to nurses and laymen whose chief stock in trade is the credulity of their customers.

The financial loss to physicians, which results from this situation, is incalculable. Even more serious is the danger of such modalities to the patient's health, when employed by the inadequately trained.

In working toward a solution of this problem, attention should properly be focused on a point of which not all physicians are aware:

In a number of states it is not only unethical but *illegal* for unauthorized persons to give physical therapy treatment. Even nurses and licensed technicians are prohibited by law from using the equipment except under supervision of a physician.

Where such legal restrictions prevail, it becomes the duty of the private physician to report to his state society any violations he hears about. The society is obligated, in turn, to investigate unlicensed and unethical therapists and to report them for disciplinary action.

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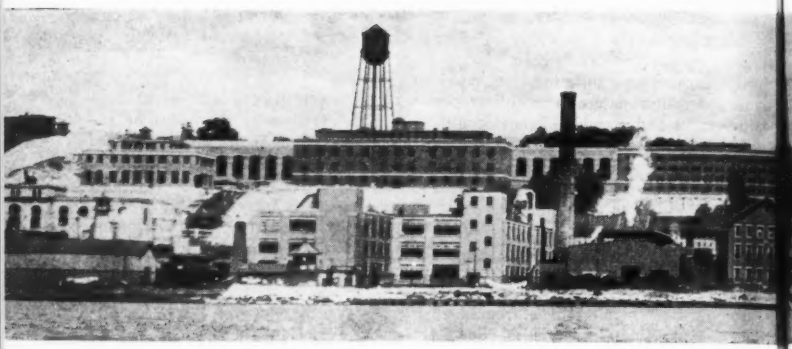


OFF TO PRISON!

BY CHARLES C. SWEET, M.D. AND

AS A CAREER, medical service in our prisons offers a tantalizing picture—bright and dark, inviting and disheartening. But it merits serious consideration by the individual physician seeking a life's work that is economically secure yet replete with professional satisfaction.

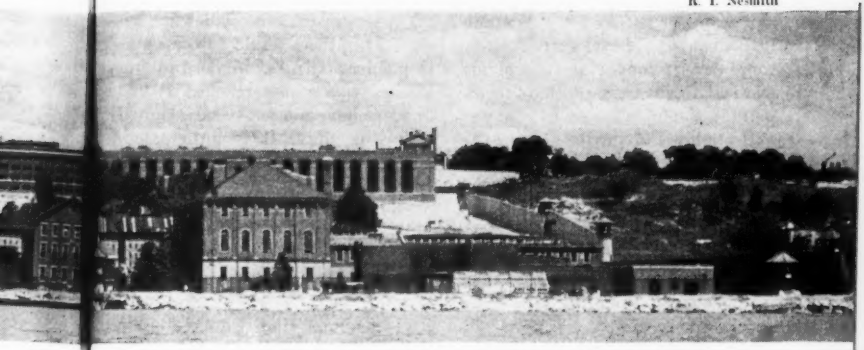
Besides federal institutions, county and city jails, and juvenile reform schools, the country has 115 state prisons and reformatories harboring some 140,000 persons. All inmates of state institutions receive some sort of medical service. It may be cruelly inadequate or astonishingly good. Almost without exception, however, prisons are medically understaffed. At least 100 to 150 more full-time physicians are needed (figuring on a minimum standard: one full-time doctor to 500 inmates).

And that's not all. Room could be made for a number of additional men if high medical and surgical standards were required in state institutions throughout the country. County jails, through which 200,000 prisoners pass annually, likewise require more and better physicians, as do juvenile correctional institutions with a population of 45,000.

It is not hard to explain why medical service within prison walls lags so far behind the times. Public opinion has not been aroused. Army medical service was in the same backward state forty years ago. But when the boys in training camps for the Spanish-American War were carried off by typhoid fever at an unconscionable rate, an indignant public blasted the outmoded army system to kingdom come.

Society regards the convict as having placed himself beyond the

R. I. Nesmith



Just one in hundreds of correctional institutions housing opportunity for medical men: Sing Sing Prison, Ossining, New York.

WILLIAM B. COX, AS TOLD TO ERNEST H. ROWE

pale. By anti-social conduct he has made himself a burden on society. Consequently, he is entitled to nothing from the public he has outraged.

"Put him where he can do no harm. If he gets sick, it's too bad. He has himself to blame."

Isn't that about the way many people damn convicts? And doesn't it parallel the way the insane were regarded not so long ago? The realization that something could be done for the mentally deficient (other than simple confinement for the sake of public safety) took a long time to penetrate the great American skull. But it did penetrate. Nowadays we salvage a good deal of what was treated formerly as human wreckage doomed to lifelong and progressive abnormality.

Medicine can do a similar job of mental and physical salvaging

☆ *More and more physicians are going to prison—for a career, however, not a "stretch." There's vast need and considerable opportunity for medical men in federal and state penitentiaries, county and municipal jails, and reformatories. Whether your interest in the subject is sociological, economic, or academic, or you're just plain curious, here's a document that will hold your attention. To get it,* MEDICAL ECONOMICS *went to the best authorities available: Dr. Sweet is chief medical officer at Sing Sing; Mr. Cox is executive secretary of the Osborne Association, a pioneer organization in the field of prison administration and prisoner rehabilitation.*

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among prisoners. And it is gradually being given the chance. As this trend persists, opportunity in prison medical service will continue to expand.

Probably the greatest impetus ever given to prison medicine in this country resulted from a 21-line federal act passed in 1930. It authorized the U. S. Public Health Service to supervise and furnish medical, psychiatric, and other technical and scientific service in federal penal and correctional institutions—a distinct departure from the former system of individual medical organization in each prison. The division of mental hygiene of the Public Health Service now operates eighteen medical units in connection with the various institutions controlled by the Department of Justice. Funds appropriated for this function, beginning with less than $250,000 for the first year, have risen to $500,000 for the current year.

Of 270 persons listed in federal prison service a few months ago, 53 were full-time commissioned medical officers, fourteen were interns, and 57 were visiting consultants. They serve a population of 16,178. At present the service is manned virtually to requirements. But normal growth and replacements will make room regularly for additions. Only last fall the Civil Service Commission requested applications for appointment without competitive examination to the positions of medical officer at a salary of $5,800; associate medical officer at $3,200; and assistant medical officer at $2,600 (the lowest salary in the federal service is $2,000). The age limits were 45, 35, and 35, respectively.

Officers of various grades are assigned to prison service. Because of insufficient funds, higher-ranking officers whose pay reaches $9,000 or more have not yet been assigned to prison duty. It is anticipated, however, that this situation will be corrected.

So much for medical service in federal prisons, considered by itself. The strides made in this field in seven short years have set an example. Already the federal service is having an indirect effect upon other prisons, which bids fair to outrank its more direct achievements. This, more than anything else, lifts prison medical service into a position where it merits the interest of the profession on economic grounds.

To be sure, not a great deal of the potential field is available for occupation at present. But the movement is forward, and it is accelerating. Those ready to move in first will fare best.

Turning from the revolutionized prison medical service of the government, we find an entirely different service among state institutions. This is not the place to describe the well-nigh unbelievable conditions existing in some penitentiaries. For our present purpose, facts indicate that there is opportunity for a considerable number of medical men to do important work.

According to latest available information, the highest salary paid a full-time physician in a state prison is $5,000 a year; the lowest, $1,500. The average in 24 prisons is $3,120. The average population per physician is 1,656, so he has plenty to do. Medical officers are appointed in some cases by the

governor; in others, by the state prison board or by the warden. Length of service has run as high as seventeen years.

Part-time salary in one instance is $4,500; the lowest, $500; average for 35 prisons, $1,738. Length of part-time service has reached thirty years in some cases. Reformatory positions, more largely part-time, pay a little less than those in prisons.

By all the institutions listed in one recent report, forty doctors are employed full time; 57, part time. Probably most of the latter *should* be full-time appointments.

Usually there are perquisites, including one or more of the following: maintenance, servant, food and other supplies at prison prices, house, heat, light, laundry service, produce from the prison farm, automobile, gasoline, repairs, meals. Cash allowances in lieu of maintenance in kind range from $500 to $1,600 a year.

Hospital equipment varies from nil to a standard high enough to earn A.C.S. approval for several state institutions. Most of them have attained this rating within the last five years.

Believe it or not, some state prisons with populations running into the thousands rely on community hospitals and community doctors! Sick call, as in the old Army days, is conducted by a nurse, a guard, or, if you please, by a convict! They decide whether or not the person reporting sick needs a physician. They may even diagnose the prisoner's ailment and prescribe and dispense the medicine they think is indicated. What a field for the construction, manning, and operation of modern hospitals! And they are

CHARLES C. SWEET, M.D.
"Almost without exception, prisons are medically understaffed . . ."

coming. They must come. Prisons are plague spots. Soon society will demand that they be watched over by men trained in the task of safeguarding public health.

The county jails? Most of them maintain only the sketchiest medical service. More room for improvement. More opportunity, some day, for high-grade medical men. It goes without saying, however, that such men will be attracted to the field only when appointment ceases to be the reward of political activity. New York City's Commissioner of Correction MacCormick is endeavoring to have that metropolis follow in the footsteps of the Federal Bureau of Prisons by placing medical service in its penal and correctional institutions entirely under the jurisdiction of the department of hospitals. Once that policy be-

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comes general, there will be no reluctance on the part of progressive physicians to enter prison service for their life work or for the training it affords.

General practitioner or specialist, the physician will find ample practice in prison work. Substantially every problem in his chosen field will present itself sooner or later in case form. Opportunity exists for research in many directions. Study and treatment are facilitated by an enviable degree of control over the patient. There is a high percentage of voluntary patients. Since prisoners receive treatment without cost and have no conflicting demands upon their time, they apply for or consent to medical attention at much earlier stages of their troubles than do most persons "outside."

Finally, beyond its economic and professional attractions, beyond its benefits to thousands of inmates, prison medical practice is recognized more and more widely as of great value to the public health. The accomplishments of medical men behind prison walls are not confined by those walls. They reach out to the country at large and to posterity.

[*Information beyond the scope of this article may be obtained from the U. S. Public Health Service, Washington, or from the Osborne Association, Inc., 114 East 30th Street, New York City. The latter organization, named after the famous Sing Sing warden, Thomas Mott Osborne, has made and sponsored a number of valuable prison surveys, reports, and recommendations.*—ED.]

High Cost of Funerals

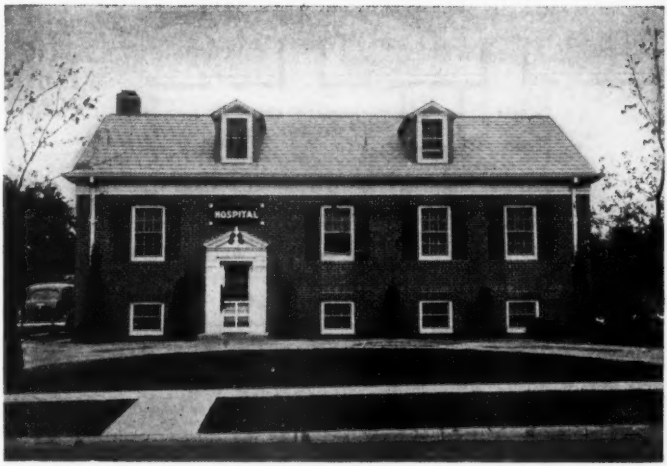
THE FUNERAL INDUSTRY is overcrowded, its overhead too high; consequently, the expense of being buried is exorbitant, says the New York *Times*. Keen competition exists in the industry, it adds, because from 1900 to 1920 the number of undertakers increased 51%; deaths, only 3%. For that reason, the *Times* assumes, the burial trade finds it necessary to encourage the purchase of expensive coffins and funeral trimmings.

The U. S. census, covering the years, 1900-1930, shows that the nation's undertakers increased from 16,189 in 1900 to over 24,000 in 1920. By 1930 the roster had grown to more than 34,000.

A survey of 15,000 funerals in New York City, as reported in the *Encyclopedia of Social Sciences*, indicates that funeral expenses eat up 52% of estates under $1,000.

Metropolitan Life Insurance Company statistics reveal the average cost of funerals in urban centers throughout the country as follows: Newark, $493; New York, $432; Chicago, $381; Baltimore, $248; Nashville, $233. The expense in other cities is equally high.

Proof that funeral directing is a major enterprise is given in an estimate of its volume for 1937. The Casket Manufacturers Association of America has prophesied that by the Christmas holidays the United States will have paid over $300,000,000 to bury this year's dead. That figure excludes the cost of cemetery plots, flowers, and other traditional requisites.



Loup City's pride, a dream come true.

"IF I HAD A HOSPITAL—"

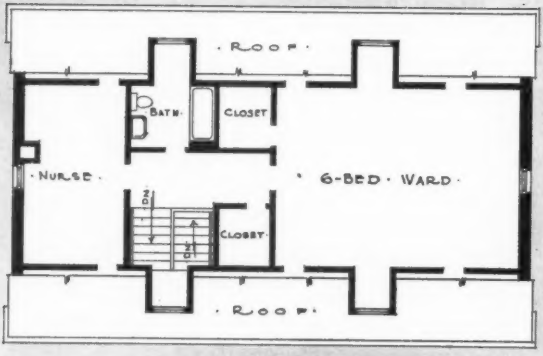
"IF I HAD A HOSPITAL—" Those words spring to every physician's lips at one time or another. Doctor Carl G. Amick, of Loup City, Nebraska, is no exception. He deserves a round of applause, however, for having done something about them.

His red brick colonial hospital illustrated here represents the fulfillment of a life-long ambition. Loup Citians are no less enthusiastic about it than Dr. Amick himself.

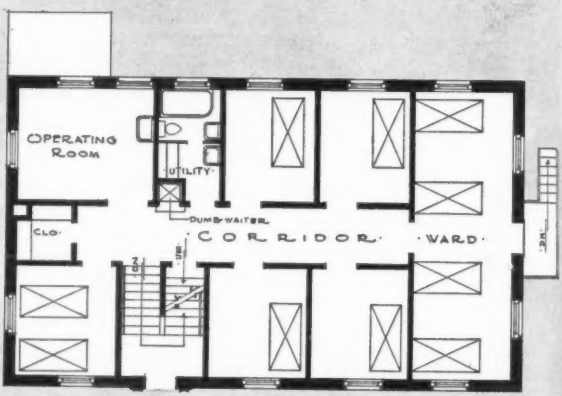
There is nothing institutional about the exterior of the new building. Its sparkling white trim, dark shutters, and green asbestos roof lend a pleasant, homelike air that is enhanced by a carefully kept lawn and evergreen shrubs.

Inside, the building conforms to the strictest principles of hospital construction. Its brick walls, concrete stairways, and steel-and-concrete floors reduce the fire hazard to a minimum. Both the furnace stoker and hot-water heater are automatic. There is even an air-cooling system which the city water operates.

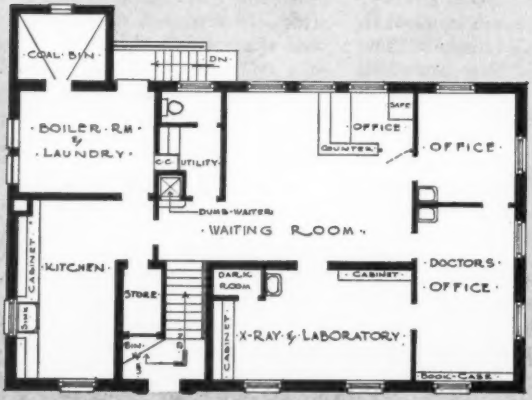
An English-type basement, chosen for its economy, leads into a large reception room. A corner of it is partitioned off to make a small office for the secretary. Also on the basement floor are an x-ray and pathological laboratory, physical-therapy room, dark room, toilet,



ATTIC FLOOR PLAN



FIRST FLOOR PLAN



BASEMENT PLAN

kitchen, and a combination boiler room and laundry. A dumb-waiter operates between the kitchen and the floors above.

The first floor has four private rooms, a four-bed ward, and a two-bed ward. Cubicle curtains in the ward allow a maximum of privacy for each patient. Also on the first floor are the operating room, a utility room, bathroom, and linen closets.

The six beds on the attic floor are used by the nurses and other employees. In addition, there is a room for the head nurse, a bathroom, and two closets.

So far, so good. But how much did it all cost? According to its owner, the building, exclusive of the lot, cost $15,000. A like sum was spent for equipment. Part of the total was financed by a 5% loan.

Dr. Amick has two important suggestions for physicians who may be interested in following his example:

(1) "Be sure there is real need for such an institution in your community.

(2) "Find out positively whether or not you will be able to command enough work to justify the required investment."

"In my case," the doctor adds, "I started first in a rented building—a large residence. I occupied it as a hospital for six years before I felt justified in going ahead with the place I now have.

"A private hospital of this kind pays. I am convinced of that by my own experience. Practice has increased materially since I moved into the new building."

MAGAZINE POLL

WHAT CONSTITUTES the most appetizing magazine repast to set before waiting patients? To get the answer, MEDICAL ECONOMICS queried 10,000 M.D.'s. More than 2,200 replied, indicating the names of the magazines they keep in their reception rooms. The list follows, including the percentage of physicians favoring each periodical:

Saturday Evening Post	34%
Life	28%
Reader's Digest	28%
Collier's	26%
National Geographic	22%
Time	22%
Literary Digest	21%
American Magazine	15%
Liberty	15%
Cosmopolitan	13%
Esquire	12%
Parents' Magazine	10%
News-Week	9%
Redbook	8%
Harper's Magazine	7%
New Yorker	6%
Fortune	4%
Atlantic Monthly	3%

The popularity of *Life* is notable. Physicians evidently believe that a waiting patient would rather look at pictures than read. The ranking position of the *National Geographic* on the list bears out this conclusion.

While the poll supplies data of practical interest, it is not presented as an ultimate criterion. Medical men who have given the matter thought agree that choice of reception-room magazines should be conditioned entirely by the interests, sex, and general background of one's particular clientele.

BOOKKEEPING ELECTRICALLY

BY C. E. BRADLEY, M.D.

COLLECTIONS have jumped 15% at least and bookkeeping labor has been cut in half since the installation of electrical bookkeeping equipment in my office.

The system has replaced untidiness and confusion with a simple orderliness of records that is remarkable. It has made available information about the practice that I never had before.

That vague phrase, "to professional services rendered," was partly responsible for my initiating a change. Its obvious inadequacy prompted a search for something better. I felt it was not fair to the client. It conveyed no information about the indebtedness—only that the patient owed me an amount of money.

Under the new system, the client gets a statement that *is* a statement. It is neatly and mechanically produced. It identifies every item and reaches its destination promptly on or before the first of the month. That combination of advantages gets most of the credit for the improvement in my collections.

There are psychological benefits, too. In identifying every item, the statement demonstrates that accurate records have been kept. There is nothing about the bill to be questioned. And by arriving on time it conveys the unmistakable impression that prompt payment is expected.

Another reason why I adopted electrical bookkeeping equipment was that as practice grew and clients increased in number, the load became too great for hand posting. Statements were never ready for mailing until the month was a week or ten days old.

Today the business manager is able to do all the bookkeeping while she guides patients through the reception room and answers the telephone. She is not overburdened with work, and statements are always in the mail before the first of the month.

In operation, the system consists of two units: (1) a visible, alphabetical file and (2) a commercial posting machine for ledger sheets and statements. The usual daybook, of course, is an essential accessory.

The file contains a ledger sheet and an addressed statement for each patient. These are posted up to date by the bookkeeping machine whenever there is activity on

the account. At the end of the month it is necessary only to remove the statement from the file, seal it in a window envelope, and place it in the mail. The ledger sheet remains as a permanent office record.

The machine is largely automatic and can be used by anyone with a little practice. Once you understand it, manipulation is quite simple, despite the presence of a number of rows of seemingly complicated keys.

Each machine is so constructed that the purchaser may install at his option a limited number of characters suited to his particular needs. The keyboard is rearranged accordingly.

These character keys constitute a code which is the basis of the system. My own combination of letters provides a special code for pediatrics, but codes can easily be worked out for other specialties and for general practice.

The code I use is printed in small type at the bottom of each statement, together with its explanation. Thus:

HC—house call
OC—office call
FC—feeding case
XR—x-ray
AN—anesthetic
OP—operation
PE—physical exam.
LB—laboratory
HO—hospital
SE—serum
UV—ultra-violet
ST—Schick test
CN—consultation
MS—miscellaneous
JE—journal entry
CS—cash

Now for a glance at the system in operation: [TURN THE PAGE]

Banks and business houses use these electric bookkeeping machines—why not physicians? asks Dr. Bradley. His business manager (above) has been able to cut her billing time in half.

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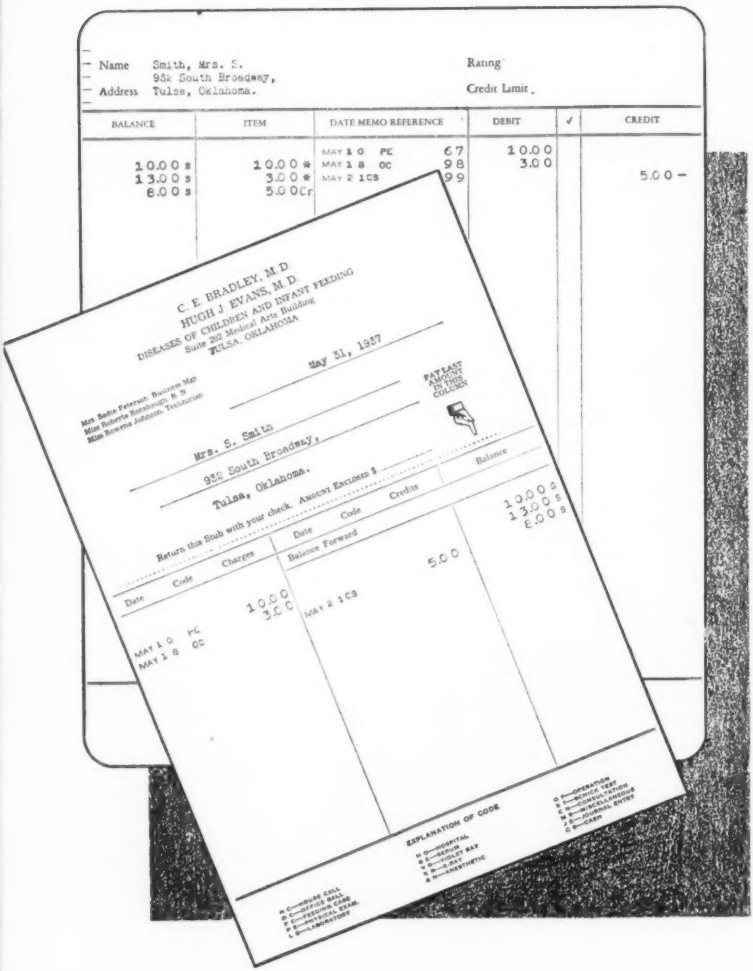


Assume that Mrs. Smith brings her infant son to the office on May 10. It is an original call involving a physical examination.

When she leaves, she gives her name and address to the business manager, who types them at the top of a ledger sheet and statement which are then inserted in the visible, alphabetical file.

Next morning the bookkeeper posts from the daybook for May 10. The following item is produced by the machine on Mrs. Smith's ledger sheet as well as on her statement: "May 10, PE, $10.00" (see illustration). The ledger sheet and statement go into the machine simultaneously and only one depression of the keys is necessary to register the item on both sheets.

Now suppose Mrs. Smith returns on May 18 to have her son's condition checked. Her ledger sheet and statement are again removed from the file and put through the machine, to come out showing an additional item: "May 18, OC, $3.00." This time, however, by means of a simple additional manipulation, the machine enters in the proper column on each sheet the amount, $13.00, as a balance.

On May 21, let's say, Mrs. Smith comes into the office and makes a part payment of $5. This entry then appears on ledger and statement as follows: "May 21, CS, $5.00." By subtracting the $5.00 from the balance of $13.00, the machine reveals a new balance of $8.00.

At the end of the month Mrs. Smith receives her statement. On it are three items. By referring to the code explanation at the bottom of the statement, she easily refreshes her memory to the effect that on May 10 her son had a physical examination, on May 18 his condition was checked at the office, and on May 21 she received a credit of $5.00. That's a considerable improvement, I feel, over sending her a statement reading, "May 31, To Professional Services Rendered, $8.00."

The ledger sheet carries one item that is omitted from the statement, namely, the daybook page number. The latter is inserted on the permanent office record for purposes of cross reference. By means of it an infallible check is established—calls against the appointment book, appointment book against the daybook, and daybook against the ledger sheet. This arrangement alone has saved me hours and hours of checking through records and explaining statements by telephone and letter.

The machine I use is a rebuilt commercial posting model for ledger sheets and statements. Equipped with my code and all the stationery necessary for changing over the system, it represents an investment of $800. The latest model, even more automatic, more convenient, and more efficient, costs $1,100.

The market in rebuilt electric bookkeeping machinery is thus worth looking into if a change is contemplated. Manufacturer's representatives will leap at a chance to demonstrate all the available models. And expert advice on establishing an efficient system is yours for the asking. An individual practitioner who feels that the expense involved is too great may be able to obtain electric equipment in conjunction with several colleagues if they practice under the same roof.

In my case, improvement in collections alone soon repaid the investment. Orderliness, dispatch, and completeness gained in handling records are items of clear profit, difficult to estimate in dollars and cents but none the less indispensable.

MANY HAPPY RETURNS

You've read, heard, and perhaps discovered a lot about the value of periodic health examinations. But this article will give you several new slants on the subject. It was written by the president of a leading state medical society.

IT IS GENERALLY granted that periodic health examinations constitute sound medical practice. There's no need here to expand upon their value as a public health measure or upon the incidental increase in practice which they generate.

It is also granted that a physician who takes physical check-ups seriously has the equipment he needs and knows the technic of a head-to-toe examination. Those elements are not to be discussed here either.

Yet a most important phase of the subject remains: *How to increase ethically the number of examinations given?* That's the hook on which this discussion hangs.

Two questions are involved: What can be done to get patients in for check-ups? And, once in, how can they be convinced of the wisdom of these regular, periodic inspections?

Here is a method of getting them into the office which should work as well for you as it does for me:

On the history card of every patient who comes to your office *for any reason* jot down his date of birth. As soon as convenient transfer the name and date to a simple, chronological card file. This should be subdivided for babies, children, men, and women. Once a week cull the file for the names of those whose birthday is about due. Tell your secretary to send each one of those selected the appropriate form letter from a group (to be discussed) which you have prepared.

You may decide that a personal note is more apropos in certain cases than a ready-made letter. If

so, it doesn't take long to write a friendly message.

Now about those form letters. First of all, they should be changed every year. You ought to be able to frame the four needed in something under an hour. But don't be too hasty with them. They are to do an important job and should be carefully groomed for it. The letters that follow will serve as examples from which you can derive your own series. They have proved effective, and are well within ethical bounds.

For Babies

Dear Mrs. Young:

Unless my memory fails me, there's going to be a birthday at 64 Maple Street this week. I hope you'll wish Joan many happy returns for me.

Since you haven't found it necessary to call at the office lately, I assume that she's well and happy. The thing now is to keep her that way.

Have you ever considered the advantage of having her examined periodically? My own experience and that of physicians generally has proved it to be a sound health measure.

If you're interested, why not bring Joan over next Tuesday? I'll be in the office between 2:00 and 3:00.

For School Children

Dear Mrs. Older:

Wish Bobby a happy birthday for me. I presume he's a proud young man these days—what with seven years behind him and a school career ahead.

A number of physicians, I among them, make a point of suggesting to mothers that they have their children completely and carefully examined each year. In my own experience I have discovered minor defects which, if left uncorrected, might have proved a serious handicap in scholastic work.

If you think well of this idea, why not bring Bobby to my office next Friday at 4:00?

For Men

Dear Mr. Older:

Birthdays cease to be a novelty in time, so even though I can't congratulate you on having chalked off another year, I can and do wish you added success and good health.

In the matter of health, I have a suggestion to make. An active man untroubled by sickness rarely thinks about his general physical condition. That fact in itself makes it worthwhile to have a complete examination once a year. Such a check-up should be made from the point of view of discovering unnoticed trends in the condition of your heart, kidneys, or other or-

EDITORIAL

CHARITY, LIMITED

BETWEEN THE COVERS *of the April* Atlantic *is a provocative essay on "The Health of the Nation," by Esther Everett Lape. Miss Lape is the editor of the American Foundation's report on medical problems, reviewed in this issue.*

Among several trenchant points made in the Atlantic *article is one which medical men will no doubt masticate rather thoroughly: "The real issue," Miss Lape declares, "is not* state medicine, *but* what kind *of state medicine—whether government shall more properly concern itself with the relief of one group of the population, the underprivileged, in illness, or whether it shall concern itself with better health for all groups of the population, the privileged and the underprivileged alike."*

The assumption that some degree of governmental participation in medicine is inevitable may readily be challenged. If, however, we assume that it is *inevitable, the responsibility falls on medicine of urging a strictly limited form of participation under which only those services rendered to the medically indigent would be paid for out of tax funds.*

A subsidy of this kind, under proper control, would

seem, indeed, to have a number of definite advantages.

The country's army of indigents—already gigantic—continues to add new recruits. These people have no monopoly on good health; in fact, by the conditions of their existence, they are more exposed to illness than the rest of the population. How to meet their growing need for free medical care?

Gratuitous service to the poor is a tradition in medicine. Private physicians give of their time and skill gladly. But they cannot do the impossible. The weight of charity service is growing to such an extent that some practitioners do not receive even a subsistence income. Society must *help absorb the cost of caring for the indigent sick.*

The inquiry made by the American Foundation gives evidence that the use of tax funds to provide medical care for those unable to pay is becoming an accepted principle. One method of allocating the funds, suggested by a number of physicians, is through federal grants-in-aid to the states.

Would medical men in general approve such a subsidy for the treatment of indigents only? We're inclined to think so. A more ambitious program, on the other hand, embracing the care of those able to pay (however little), should and would incur militant opposition.

H Sheridan Baketel

XUM

THE TRUTH ABOUT GROUP

"It offers many decided advantages," says Dr. Spencer T. Snedecor, president of the Medical Society of New Jersey

I DISAGREE with Mr. Klenk's recent article against group health and accident insurance. We have found in our state medical society through having such group insurance for a number of years and through having made a complete restudy of the subject this year, that it offers many decided advantages for the protection of the physician. For example:

(1) Cost per policy is undoubtedly lower. We estimate a saving of about 20% for the younger age group and 30% for the older age group.

(2) Arbitration of any disputed claim rests with the state society's committee on insurance. The company abides by the decision of the committee.

(3) A group policy can not be cancelled by the company during the premium year, whereas the ordinary, individual policy *can* be so cancelled.

(4) Our age limit is seventy, which is ten years higher than that of the usual health insurance policy.

(5) A short-form application is permitted, making it simpler for the doctors.

There are fallacies in Mr. Klenk's article all along the line. A minimum participation of 50-75% of all members is not necessary. We have only 10% at present. Moreover, the issuing company does not accept applicants in "impaired" health.

Mr. Klenk admits the "plague of worthless policies owned by and offered to physicians." Certainly, a group policy with thorough investigation and control gives the doctors added protection.

As to the younger men paying higher returns in order to absorb the losses of the older men—this is not entirely true. We estimate that the younger men save about 20% on their policies; the older men, 30%.

The claim experience is not bound to be worse, as our own experience has proved. Nor do we have drastically limited policy provisions.

Because of the keen interest now being shown by physicians in group health and accident insurance, we publish this exchange of views on the subject between Dr. Spencer T. Snedecor, president of the Medical Society of New Jersey, and Mr. W. Clifford Klenk, whose article, "The Truth About Group Insurance," in the March issue, has inspired such widespread comment. Mr. Klenk's series on "An Insurance Program for the Physician," begun last month, will be continued in the June issue.

INSURANCE

"The benefits it does afford are hedged in by too many restrictions and provisos," replies Mr. W. Clifford Klenk

I AM HAPPY to reply to Dr. Snedecor's comments. The importance of scrupulous care in selecting *any* insurance contract will impress itself on the physician who reads this exchange of views.

Two of the presumed advantages of group insurance, enumerated by Dr. Snedecor, were referred to in my original article, namely: (1) "forfeiture of the company's right to cancel during the policy period"; (2) "lower cost."

I assigned doubtful value to the so-called non-cancellable feature, pointing out that *a similar provision is obtainable in the properly selected individual contract.*

"Lower cost," I also said, is the principal forte of group insurance. Yet "lower cost" is a relative term. What does it mean? "Lower" than what? To argue that reducing a fracture with a home-made splint is cheaper than employing a trained orthopedist is to state the obvious. The New Jersey plan, embodied in a sample policy before me as I write, does not provide what competent, impartially-minded insurance underwriters recognize as adequate health and accident protection. The benefits it does provide are so hedged in by special restrictions and provisos that "lower cost" follows of necessity. Farther along in this discussion I shall describe some of these limitations.

Dr. Snedecor's second point relates to the arbitration of claims. This feature, too, is of questionable value. If a claim is honest, the policy provisions clear, and the company high-purposed, *the need for arbitration will not arise.* Over a nineteen-year span, I, personally, have settled enough claims both as company's and claimant's representative to make this observation. Again, from the opposite viewpoint, if a claim is fraudulent or not within the policy's scope of benefits, the society committee will certainly not press for payment.

Dr. Snedecor cites the group policy's seventy-year age limit. It is a statistical fact that but one male in twenty is alive at 65, let alone at seventy. Regardless of that common-sense factor, however, condition No. 8 of the group policy under consideration makes it *entirely optional with the company whether a renewal shall be accepted. It is a simple matter for the company to exercise this right.* Figures showing the number of older men actually carrying this insurance at the higher rates charged would no doubt be enlightening. They would provide a true criterion of the value of this alleged "advantage." After all, no company will aggressively seek older men as policyholders. I am quite certain that the agents of this company are instructed to avoid older risks as diplomatically as possible.

Dr. Snedecor's fifth point stresses the convenience of the short-form application. If it can be called an

advantage to answer "yes" or "no" to, say, ten questions instead of twenty, then this is an advantage. For what it's worth, I concede it.

Reference to the fact that "a complete restudy of the subject" was made this year by the Medical Society of New Jersey compels the question: Were the following limitations weighed in the light of their full potential consequences?

Consider Section II of the policy. By its terms, it is not sufficient that a doctor be prevented from "performing all the duties of his profession." He must be prevented from performing "every duty pertaining to any and every kind of business or occupation." Suppose that a general practitioner suffers a permanent traumatic paralysis of the right arm. It hangs limp at his side. He certainly can not practice; but because he can (is able) to lecture on materia medica—or to sell group insurance to his colleagues—he does not qualify for benefits. That this policy provision means what it says is substantiated by the highest courts (e.g., Metropolitan Life Ins. Co. vs. Muzio, N. Y. Ct. of Appeals, Dec., 1936).

Here's another eyebrow-raising requirement: Section V provides that in order to collect the full sickness benefit ($50 a week for 52 weeks or less) the insured must be "necessarily and continuously confined within the house." As recently as 1934, the very company which insures the New Jersey doctors gave evidence that by "house confinement" it *meant* house confinement, too (Mackprang vs. Nat'l. Cas. Co., Neb. Sup. Ct., 257 N.W. 248). "Obviously, many chronic illnesses do not confine their victims. Cardiovascular diseases, neurasthenia, tuberculosis, and skin conditions are typical examples. (It is interesting to note here that individual health and accident policies *can* be purchased which do not require house confinement.)

Condition No. 3 is equally illuminating. It states that the policy "does not cover death, loss, or disability" resulting from "any surgical operation for any chronic ailment." Suppose after a physician has carried the contract for five years removal of a chronically infected gall bladder becomes necessary. He had no symptoms when the insurance was applied for. Can he collect benefits? Not a chance!

Condition No. 11 states that the company "will not be liable . . . in excess of the period the insured is . . . under the professional care and regular attendance of a legally qualified physician or surgeon." Consider the plight of the man who sustains a spine injury with resulting paralysis of the lower limbs—or a second-degree facial burn. After a few months, medicine says, "that's the best we can do. You're permanently disfigured." Or, "you're doomed to crutches for life." Because, thereafter, such a claimant is not under the regular professional care of a doctor, he does not collect.

Such limitations as I have mentioned by way of example are more or less typical of all group health and accident policies. *They are not found in the properly selected individual policy. Their presence in the group contract explains its alleged "low cost."*

I have no choice but to point out these weaknesses among the many in group insurance.

The Inquiring Reporter

QUESTION

Why did you give up your last physician, and why did you choose your present physician?

ANSWERS

David Buonagunio, 121 Vinyard Ave., Yonkers, N. Y., decorator: "Some of my friends insisted that my doctor was old-fashioned in his methods and treatments. They recommended another doctor, who, they said, was more up-to-date and more efficient. I changed, just for the experience. I wasn't exactly dissatisfied with the old physician, and I might go back to him some day."

Edward Banta, 308 Ellison St., Paterson, N. J., store manager: "My family doctor was a general practitioner, and when I was bothered with a serious stomach ailment, he gave me various medical prescriptions. They did me no good over a period of six months. Then I decided to go to a specialist who treated only the stomach and the rectum. In nine months I was absolutely cured."

Mrs. Bessie Schuil, 290 Governor St., Paterson, N. J., home: "I was dissatisfied with the bills my doctor was sending me. They were beyond my means. Then some friends told me about another doctor, who, they said, was very good, and reasonable in his charges. I tried him, found him efficient, more reasonable, nicer, and more pleasant in every way."

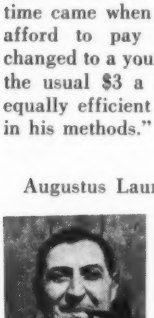
William Geller, 85 Hoyt St., Brooklyn, insurance specialist: "The doctor that I had been patronizing for years told me that my wife was going to have a baby. I was quite elated and very proud. We gave a party at our home, and I proudly handed cigars to everyone. A month or so later we learned that my wife's indisposition was due to gas on her stomach, and I had to take it all back. Was I mortified! Of course I changed doctors."

Natalie Cooper, 129 West 90th St., New York City, home: "For years I had been bothered with nausea. On occasions, while riding to the beach on a Sunday, the driver would be obliged to take me to the

nearest hospital, and I'd spoil the day for the entire party. My doctor, a general practitioner, called it nervous indigestion, but his treatment didn't cure me. Then I changed to a stomach specialist on Park Avenue, and his treatments brought back my health. He's now my regular physician."

Curtis Brown, 368 Cedar Lane, Teaneck, N. J., artist: "My doctor of many years standing was an old practitioner with a large, established practice. Consequently, he could charge and get large fees. For a while that was all right, but the time came when I could no longer afford to pay large fees, so I changed to a younger physician, for the usual $3 a call. I found him equally efficient and more modern in his methods."

Augustus Lauro, 50 Horatio St., New York City, building superintendent: "My wife was bothered with stomach trouble and a general indisposition. She is past forty years of age, and our doctor diagnosed her case as the 'change in life.' However, when her trouble continued for three more months, I went to another doctor, and he said that she was pregnant. And she actually is. Now we're going to be blessed with another baby when our youngest child is sixteen years of age."



Jack Pullara, 5117 102nd St., Corona, L. I., store manager: "I changed my doctor about two years ago. I had a general run-down condition, and although my first doctor told me what the trouble was, I wanted to check his findings with another doctor. I felt that two minds were better than one. However, I liked the second doctor better than the first, and I have continued going to him."

Mrs. Ellen Schamble, 318 Governor St., Paterson, N. J., home: "Last winter, I was bothered with a cold that clung to me for months. My doctor gave me regular treatments for it, but the cold still clung on. Then I changed to another doctor, and found that his treatment was practically the same. I was ashamed to go back to the first doctor, and have continued going to the second physician."

NOTE: The Inquiring Reporter will secure answers to any medical-economic question which the editors deem interesting and vital to physicians in general. Send your question to MEDICAL ECONOMICS, *Rutherford, N. J.*

WHAT'S WRONG WITH AMERICAN MEDICINE

Supplementing the avalanche of newspaper publicity which attended the release of the American Foundation report, interpretative articles based on the findings of the investigation and signed by Editor Lape have appeared in the April Atlantic, *the April* 4 New York Times Magazine, *and other periodicals.*

THE American Foundation has just made public, in a two-volume, 1500-page report, the views of 2,100 physicians and surgeons on the present status of American medicine.

The report—which appears under the title, *American Medicine: Expert Testimony Out of Court***—summarizes the results of an inquiry among medical men begun by the foundation approximately nineteen months ago and announced in the January, 1936 issue of MEDICAL ECONOMICS.

The doctors—chiefly those who have been in practice twenty years or more—were asked whether they feel that radical change in the present system of medical care is indicated, and, if so, in what directions. There was no questionnaire; those who replied were invited to comment freely upon all relevant points, and they did.

The report makes no recommendations. Instead, it quotes from thousands of letters and attempts to analyze them.

Many of the questions raised have immediate interest for the physician. The questions are rather discussed than answered. With the alternatives before him the reader can weigh and choose.

While the scope of the report is far too great to be indicated briefly, the following indicate part of the field:

What part should government have in providing medical service?

Who should pay for the medical care of the indigent sick?

Is the family doctor "passing"?

Is the doctor-patient relation an obsolete sentimentality?

How can self nominated specialists be controlled?

Now that the age of philanthropy is passing, how are hospitals to be supported?

Should the United States have a federal department of health in the President's cabinet?

Which, if any, of the following is the answer to present problems: the status quo? compulsory insurance? voluntary insurance? state medicine? evolutionary increase in governmental authority

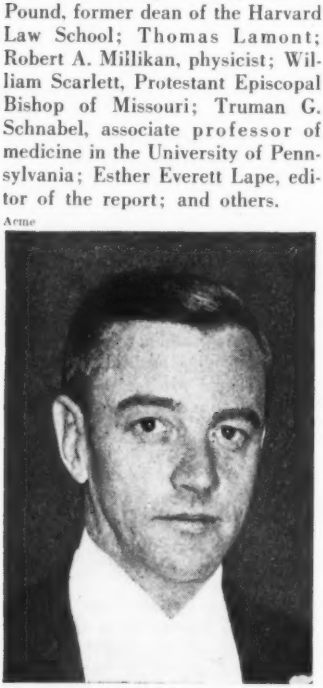
*$3.50.

and functioning, integrated with private practice?

American Medicine is the first public report of the American Foundation since it entered the domestic field. Its work for the period from 1924 to 1935 was with international law and international relations.

The governing committee for the foundation's studies consists of Judge Curtis Bok, chairman; John G. Winant, former chairman of the Social Security Board; Roscoe Pound, former dean of the Harvard Law School; Thomas Lamont; Robert A. Millikan, physicist; William Scarlett, Protestant Episcopal Bishop of Missouri; Truman G. Schnabel, associate professor of medicine in the University of Pennsylvania; Esther Everett Lape, editor of the report; and others.

Acme



JUDGE CURTIS BOK
Curious to know "the degree to which government may wisely serve its citizens."

In the introduction to the report Dr. Schnabel declares:

> The study of the relation of government to health was begun with no assumption either that government should or should not play a larger part than it now plays . . . The intent and purpose of this report is to illumine and not to prove.

Physicians and surgeons who submitted statements are said to represent every state, all divisions of medicine, and all types of medical experience. A group of 134 medical men associated in a medical advisory committee join with the foundation in presenting the report.

The inquiry falls roughly into two divisions, as follows:

The first seven sections describe present trends in medical practice and in medical education. They purport to analyze without reserve what is wrong and what is right with American medicine today.

The last four sections discuss various proposals—social and economic as well as medical—for distributing medical care and lowering its cost, and for organizing medical care and public health services.

A swift review, by sections, follows:

Is adequate medical care now generally available?

Since there is no general agreement on the meaning of "adequate" or "available" medical care, many concur that there is no categorical answer to the question. But if medical care is interpreted to mean the kind of care needed to enable citizens to maintain "positive" health, preventing incipient illness from

progressing to serious consequences, as well as doing all that can be done to restore the sick individual to health, the weight of opinion reported in the study indicates that adequate medical care is not available. Even if adequate medical care is less ambitiously defined, this section gives the impression that a large part of the population does not receive adequate care (a) because it costs too much, especially hospital service and the laboratory aids to diagnosis; (b) because it is too far away—as in the vast agricultural areas far removed from medical centres and without either hospitals or practitioners; (c) because the public generally does not understand and is not asking for modern scientific medical care, much of the population definitely preferring quacks, cultists and patent medicines; and, finally and most important, (d) because in the medical care of the present "the best is not yet good enough", to cite one spokesman.

International

ESTHER EVERETT LAPE
". . . *the government is steadily increasing its functions in matters of health.*"

The alleged reasons why medical care is not yet good enough are many. For example: (a) there is a lag of years in applying new medical knowledge; (b) present medical training is not yet uniformly good; (c) present licensing is too broad; (d) too many graduates do not or cannot *keep up* their competence; (e) medical imagination still does not perceive sufficiently that prevention rather than cure is the real and ultimate goal.

Considerations which should underlie the organization of medical care.

The views presented in this section emphasize ten outstanding principles:

1. The problem of medical care is bound up with the social and economic problem as a whole and can be accurately analyzed only in that connection.

2. It is necessary to define the objective of medical science and practice—is it merely the care of the sick in illness or the promotion of "positive" health for the whole population?

3. Who is responsible for the health of the individual? It is necessary to define the extent to which, in a modern industrial society, with unemployment and lack of a living wage as permanent hazards, the individual can be held responsible for his own health.

4. The public conception of health is a controlling factor: "Adequate" medical care assumes a public that understands it, wants it,

and is capable of receiving it. The present extent of quackery and the present wide use of nostrums emphasize the fact that a better educated public is a condition precedent to any nationwide plan for making adequate medical care generally available.

5 & 6. The parties in interest are the medical profession, the public, and the government; and all three must "search together" if the answer to the problem of supplying adequate medical care to the whole population is to be found. The degree to which government has responsibility must be predetermined.

7. The individual should pay (in some manner) in accordance with his capacity to pay. There is need for establishing indigence (by just and generous means and with no implication of delinquency) and of determining degrees of capacity to pay. There is abuse at present of facilities intended for the indigent, and this abuse raises costs for the middle class.

8. Some decision should be reached as to whether the doctor-patient relation and free choice of physician are merely sentimental smoke screens or whether they denote an essential principle in medical therapy. While some writers are said to refer to the doctor-patient relation and free choice of physician as "overhandled pieces," there are a number of expressions to indicate that medical service should go beyond the disease which has caught the patient and include the patient who has "caught" the disease.

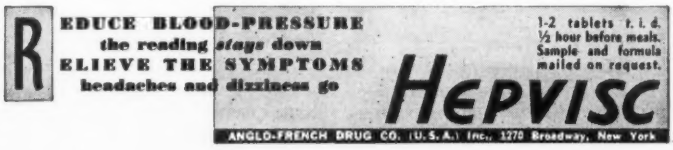
9. Shall we have evolution or revolution in the reorganization of medical care? The view seems fairly general that even thoroughgoing change will best be worked out by evolutionary process.

10. The quality of medical care must be the determinant in all planning. The physicians quoted in this section stress the point that no program of reform will succeed that is based wholly on economic considerations. They feel that social economists in the past, in dealing with the subject of medical care, have perhaps been more concerned with the cost and distribution of medical service than with the quality and character of the care itself. Better medicine, say the correspondents, is more important than better distribution and lower costs.

Medical education.

Surprise has been expressed at the tremendous emphasis that falls on medical education in this report. Yet leading educators and many medical men outside the teaching institutions express the view that medical education is really *the key* to the solution of the problem of better medical care for more people.

The notable improvement in medical education during the past 25



XUM

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years is duly recognized but the point is made that standards should be further raised, and, many feel, substandard schools closed by law.

Since the quality of the medical man himself is, many insist, the determining factor in the quality of medical care, ways and means must be found for getting the best men to enter medicine. The personnel of the profession will not be what it should be so long as some medical schools except students of doubtful qualification because their tuition fees are needed.

There is lively discussion of whether the emphasis in pre-medical training should be on the humanities or on science. Some take the line that the pre-medical course should not have any stated content. Some believe its character and emphasis should vary according to the individual.

A question of major interest is whether medical education tends to over-stress laboratory technique and thus to produce the "super-scientist" rather than the clinician. Does medical education tend to neglect the training of the general practitioner? Some of those who discuss this question feel that while the old type of family doctor may be passing, a new and differently trained general practitioner will be the key man in the medicine of the future.

There is a good deal of reference to the need of better training in obstetrics. Obstetrical practice and training are regarded as far from satisfactory.

There is somewhat extended discussion, *pro* and *con*, on the need of giving psychiatry a larger place in the curriculum, and an animated difference of opinion as to whether this would or would not make the doctor able to deal more satisfactorily with the human entity rather than with a disease.

Whether the best teaching in medical schools is done by full-time teachers or by "famous specialists" in practice also strikes fire. There is some sincere reflection on the type of teaching that habitually stresses the rare and unusual case, without reference to the fact that the common ailments will probably constitute most of the young graduate's practice.

Postgraduate training is discussed, with varying degrees of faith in brief "brush up" courses, but with general conviction that ways must be developed to make it possible for men who have limited opportunities for clinical observation to keep up with important developments in diagnosis and treatment.

The desirability of higher and uniform standards for licensure is set forth with a good deal of conviction. The present licensing provisions are rather generally characterized as too uneven and too broad. One group would recommend federal licensure—if constitutional obstacles could be surmounted. One

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group would have provisional licensure, making it necessary for practitioners to take re-examinations or otherwise demonstrate every five years or so that they have developed their ability and are competent in the practice of a rapidly developing science.

There is discussion of the practicability and value of having in every state a "basic science law" which would at least require every kind of practitioner of the healing art, whatever his cult, to demonstrate a certain amount of knowledge of the human body before permitting him to practice his particular brand of therapy.

Specialization.

The reply to the moot question whether there is over specialization, as one gathers it from these letters, is comparatively simple: There are too many poor specialists and there are not enough good ones. The qualified specialist is characterized as the finest development of modern medical science.

The twelve certifying boards set up by the profession itself as a means of distinguishing between qualified and unqualified men in special practice and in surgery are commented upon at length. There is a difference of opinion as to whether these boards, as a voluntary measure without legislative sanction, will be able to regulate the situation, or whether in the end legislation will be required.

Stress is laid on the actual and potential usefulness of the hospital in controlling standards, particularly of the surgical and obstetrical work done in the institution; the hospital can control by requiring consultation, under stated conditions, by a policy of reviewing each surgeon's work, by requirement of pathological examination (of all tissue removed by operation) *and use of the results.*

Group practice.

Group practice is used here with reference to groups of doctors and not with reference to groups of patients. The discussion in this chapter centers around the important question whether the field of medicine has indeed become too complex for the individual to deal with it adequately and whether or not the practice of the medicine of the future will be practice by specialists in groups.

The point is made that some groups now in existence represent the incorporation of one man's capacity rather than an attempt to base medical practice on the consultative principle. It is suggested that group clinics do not furnish the only means of applying the consultative principle, that every good doctor calls in a consultant when a consultant is needed, and that every hospital staff is an important form of group practice.

A contrary view is that the aver-

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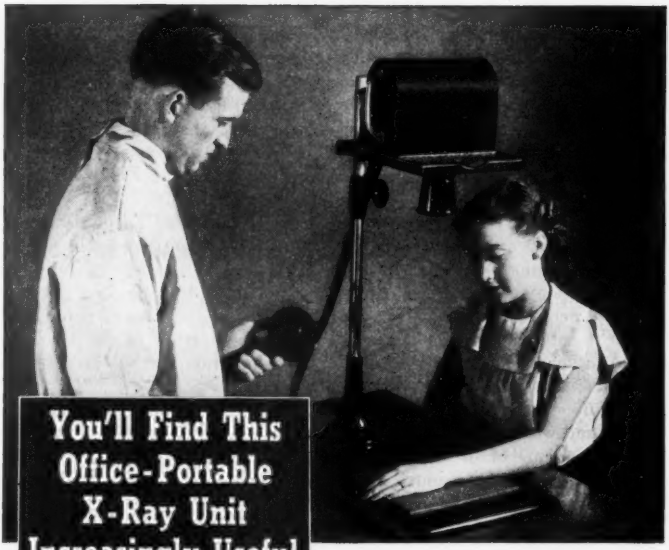

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age practitioner does *not* consult except in unusual cases, or when the patient or the family request it; that if he did ask for consultation as often as it would be advantageous, the patient and family would often tend to regard his desire to consult as an admission of his own incompetence.

There are varying views as to whether group practice lowers or raises costs—the answer really depending upon whether the particular case needs "the works" or not.

The focal points in good group organization are stressed—clarity in financial arrangements, cooperation (among the doctors inside the group, and with the doctors outside it), the presence of an "integrator," flexible spirit and procedure, periodic review and professional analysis of the group work.

The question is raised whether the closer organization of hospital staffs and development of their group functioning, and the drawing in of more practitioners into connection with hospital work may not mean that the real development of the future will be the hospital group rather than the independent group organization of the present.

The place of the hospital.

This chapter refers to the progressive development by which the hospital has become the center both of medical practice and medical education. The community hospital is suggested as one way of meeting present needs, in certain types of community. On the other hand, some views stress the danger of increasing the number of independent small hospitals, and the need to make sure that the establishment of community hospitals shall never run ahead of provision for adequate staffing of them.

The location of hospitals is recognized as a focal point in the organization of medical care and it is said that planning on a national base is in order if hospital facilities are to be related to the needs of the population and the facilities of medical science.

Hospital costs may be lowered, it is believed, by cutting out the "frills," by simplifying the elaborate construction policy of recent years, and by unifying hospital management.

Reference is made to the two obvious (and perhaps rather alternative than concurrent) solutions to the hospital's financial problem—(1) hospital insurance; or (2) direct allocation of tax funds to hospitals in proportion to the amount of care they give the indigent.

Public health organization.

This includes a discussion of the U. S. Public Health Service, the state health departments, county and local units. Cooperation between the federal and state public health agencies under the Social Security Act is discussed, and also

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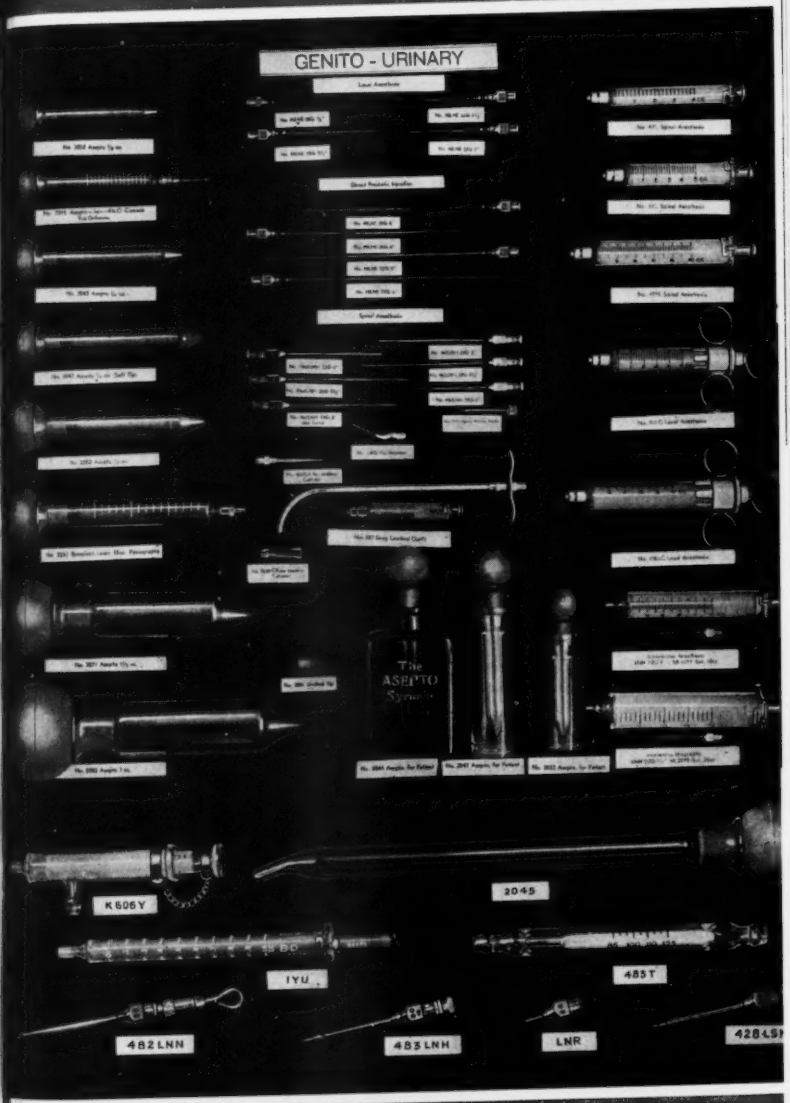

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provision for public health training under the Social Security Act.

One of the points of greatest interest discussed in this chapter is the relation, both traditional and potential, between public health organizations and the private practice of medicine.

There is stress on the point that the time has gone by when the public health officer deals with prevention and the private practitioner with cure. Disease control and the health of the people, it is said, follow no such sharp alignments.

Preventive medicine in the future, some feel, will be practiced as largely in the physician's office as in the public health department. This presages the growing importance of working out the true relation between the private practitioner and the public health officer.

Attention is called also to the need of a more creative dealing with preventive medicine in medical schools, where it is now often a dull subject in the curriculum.

State, county, and community plans for providing medical service.

This chapter summarizes experiments made of late years to meet the needs of the indigent and the low income groups by various types of cooperative plans, sometimes between government and the medical profession, sometimes between the medical profession and social agencies, sometimes by the medical profession alone.

The plans in operation cover various examples of post-payment. Some are credit bureau plans; some, examples of pre-payment or insurance; some provide for the care of the indigent alone; etc.

A good deal of the emphasis on the importance of these plans, it is said, ignores the fact that the question of post-payment or pre-payment is highly academic when people cannot pay at all. Neither system reaches the indigent. It is recognized that experimentation is useful, but that it is dangerous to depend entirely upon *procedures* where *needs* are fundamental. The *ways* of paying, a number of commentators point out, will not create the *means*.

State medicine.

This chapter deals with state medicine in the thoroughgoing sense—i. e., government paid and controlled doctors.

The views in favor of state medicine in this sense rest on the prem-

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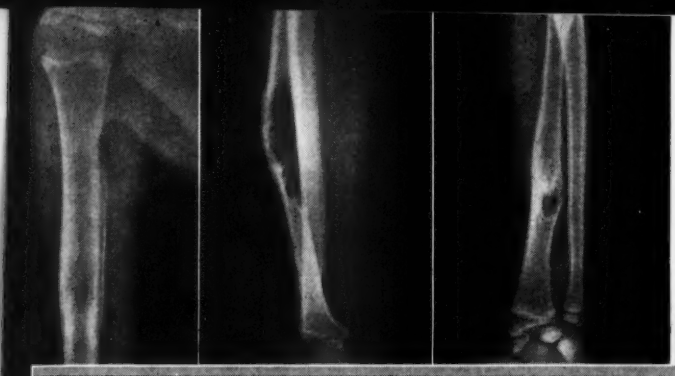
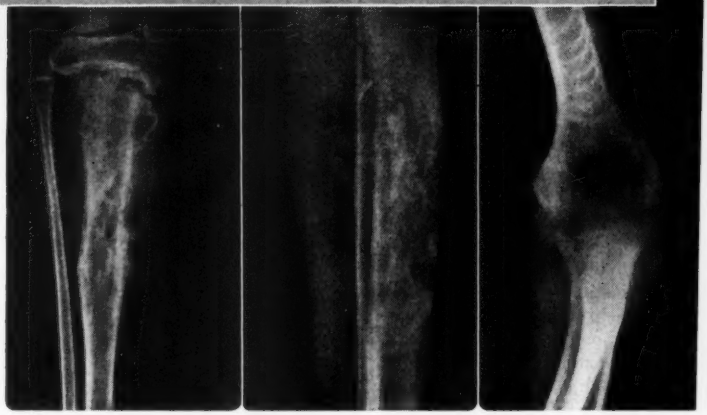


SHOWN IN THEIR TRUE LIGHT



WHAT physician hasn't encountered this clinical picture? Vague symptoms . . . moderate pain . . . swelling. If such cases are treated purely symptomatically, the condition may become progressively more complicated instead of being relieved. So, as surely as pain and swelling in certain areas suggest possible bone disease, they also should suggest immediate x-ray examination. Radiography can render invaluable diagnostic assistance, for the findings practically always permit prompt determination of the true nature of the condition, as well as the prognosis.

Every patient complaining of localized pain and swelling should receive the benefit of early radiography . . . early enough to make treatment efficacious and results most satisfactory. If bone disease is suspected, no examination can be considered complete without the benefit of radiographic study. The radiologist's findings often may prove to be the most important single factor in the entire diagnostic procedure. Eastman Kodak Company, *Medical Division*, Rochester, N. Y.

RADIOGRAPHS PROVIDE DIAGNOSTIC FACTS

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ise that there can be no real distinction between public health and private health; that abuses in the present system such as fee splitting can be remedied only by state medicine; that state medicine, whether or not desirable, is *coming*.

The views opposing state medicine object to socializing medicine in an otherwise capitalistic system; express fear of political control; express distrust of governmental efficiency; fear jeopardizing research, destroying the doctor-patient relation.

Health insurance.

The views in this chapter range all the way from those that regard general compulsory insurance as the answer to present problems to those that consider the principle of insurance in any form entirely inapplicable to the subject of health.

General objections to the theory of insurance include the feeling that it always has a demoralizing effect on patients and on doctors, that it is not suited to American institutions, and that it offers no help to the indigent, the care of whom constitutes a grave part of the present need.

Objections to insurance, in the more concrete discussion, include its deteriorating effect on the quality of medical care, its limited coverage, its cost.

As to voluntary insurance, the view is generally held that there can be no reasonable objection to individuals' and groups' insuring themselves as they see fit. Few seem to feel however that voluntary insurance furnishes a sufficient answer to present difficulties since it is admitted that those most in need of insurance either will not arrange to take it or cannot pay the premiums.

Both those who look favorably upon the more extensive development of hospital insurance and those more dubious about it agree that it seems to furnish one kind of answer to the present financial crisis of the hospitals, and also to the problem caused by the inability of the low income group to meet the cost of hospitalization especially. Those that believe, however, that in the long run tax support will be needed for hospitals feel that the hospital insurance movement may obscure for a time what they regard as the really permanent solution.

Points that emerge, as in need of particular consideration, from recent experimentation in hospital insurance include: the inclusion of x-ray, laboratory, and other special services; the question of rates and reserves; the possibility of modification of hospital insurance plans for rural districts; the need of determining essential costs in hospital service, the need of reviewing the question of rates for dependents; the relation to diagnostic and therapeutic facilities and to preventive measures.

[TURN THE PAGE]

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Limited state medicine and private practice.

According to the proposals quoted in this section, increased participation of government by evolutionary process is inevitable and desirable.

Many look hopefully toward an eventual merging of preventive and curative medicine, and regard insistence on separating them as stupid. They believe that preventive medicine will more and more be practiced in the doctor's office.

The development of the public health services—federal, state, and local—is regarded as an outstanding possibility in the search for a solution of present problems. The principle of federal grants-in-aid to states is mentioned as the best means of working out on a nation-wide base, standards for the care of the indigent.

A federal department of health is said by many to be *justified* under the present powers and degree of functioning of the federal government in matters of health; and as *imperative* with the proposed increases in this functioning indicated by the present appropriations of the Social Security Act, and by such proposals as federal grants-in-aid for the care of the indigent sick.

The use of direct tax funds for hospitals is discussed; also the possibility of extending the facilities of tax supported laboratories in order that the scientific aids to diagnosis may be available to practitioners generally, and therefore to patients of all grades of income, at prices they can pay, and free to the indigent.

In addition to the point already cited under medical education—i. e., that medical schools can hardly control standards or select candidates properly if they are dependent upon tuition fees—there is mention of other aspects of a possible relation between government and the medical schools, including a potential relation between university medical schools and public health services.

There are four appendices to the study.

The first gives the substantial content of the letters of inquiry to the doctors.

The second contains a statement of the provisions established by certifying boards in twelve divisions of medicine, including surgery, for raising, by voluntary procedure,

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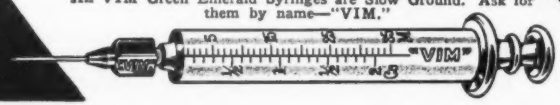

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the standards of special practice and of surgery.

The third appendix is a list of industrial medical services approved by the American College of Surgeons.

The fourth consists of the list of the doctors and surgeons who contributed to the inquiry.

DOWN TO EARTH

BY *Eleazar Hornbostel, M.D*

"PEOPLE have more fun than anybody," says Colonel Lemuel Q. Stoopnagle. Not so the doctor—especially the doctor on the witness stand.

Court is held usually in a big building with a massive pediment on which is inscribed "Fiat Justitia, Ruat Colon," which, liberally translated, means that in these days you have to have guts to get a break. Keep this in mind and pass inside to the court room.

Take a seat. In front of you, under the American flag or the portrait of Lincoln, sits the presiding justice. At the tables below you will see the learned counsel. The law is embodied in the three volumes on the justice's desk.

The man sitting next to you on the bench is not dead. The room merely lacks ventilation, and he has left his job in the sewer to attend a compensation hearing. He should be in Part IV, but he won't discover that until later. Your case was to have been called at 10:30; it is now 11:45, Thursday.

While you wait, remember that you are up against a conspiracy. The judge and the learned counsel are perfectly aware that everyone has something to conceal. You are probably no exception. You will be asked to "take the stand" and to "tellthetruthandnothingbutthetruthsohelpyouGod" (provided the learned counsel will let you).

"Your name, Doctor?.....Speak louder, please!.....Are you legally entitled to practice medicine and surgery under the laws of the State of Kansas?" (How subtly this is asked! The inference is obvious: No state would legally qualify such a dumb ass. Thus, you're discredited before you begin.)

"Now, Doctor, did you examine this claimant?" (A sly look at the jury by learned counsel, with just the ghost of a smile. The finesse of that smile! Of course, he doesn't believe you *did* examine the claimant; and even if you *had*, you don't look as though you knew enough to realize what it was all about anyway.) Bang! The presiding justice raps the desk with his gavel. You start up from your day dream in a cold sweat! The clock says 12:15.

"Case of the people versus Bennie Stoglutz adjourned two weeks. I warn counsel that I will not grant any further stay for any reason, prepared or unprepared."

You slink out. No matter who wins, you lose.

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PHYSICIANS FOR MORE THAN THIRTY YEARS HAVE PRESCRIBED MU-COL, a non-poisonous, saline-alkaline prophylactic and bacteriostatic for vaginal cleansing, for burns and skin irritations and for treatment of all mucous areas. In powder form, does not deteriorate, is convenient and inexpensive for the patient. No offensive odor; physicians' instructions are willingly followed.

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Recommend Libby's Baby Foods for the infant's first solid foods. The special method of homogenization Libby uses in preparing them makes them easier to digest . . . especially beneficial to infants during the first year when their digestive juices are weak in potency.*

In 6 Special Combinations

No. 1 Peas, beets, asparagus tips
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No. 5 Prunes, pineapple juice, lemon juice
No. 6 Soup . . . vegetables, chicken livers, barley

*An exclusive Libby process that completely breaks up cells, fibers and starch particles, and releases all nutriment for easier digestion. U.S. Patent No. 2037029.

Summary of Research Available

An interesting series of bulletins summarizing recent developments in the field of infant nutrition is now ready for doctors. Mail coupon today for these informative studies.

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Libby, McNeill & Libby, Dept. ME-5, Chicago

Please send me a copy of the new studies described above.

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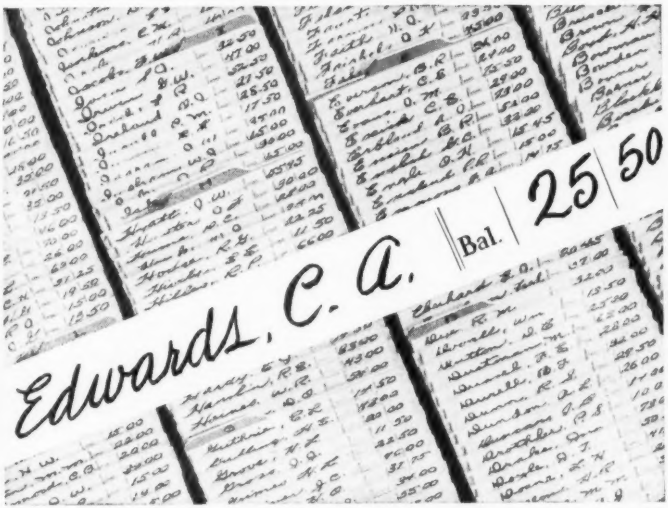

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McCaskey strategy lies in—how you make charges; when you make them, and the fact that the patient sees you do it.

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INVESTORS' CLINIC

BY FRANK H. McCONNELL

THE GOVERNMENT PLANS an important shift in its campaign to help American business. This change will benefit some industries and hurt others. To gain a clear idea of what the future may hold, it is well to review what has been done by the government in the past.

Starting in 1931, the Federal Reserve and the Treasury embarked on a program to thaw out credit—in effect, to drive interest rates down so low that hoarders of capital would be tempted to put their funds into business enterprises rather than into gilt-edge bonds in order to receive a reasonable return on their money.

The government also attempted to increase the buying power of the consumer—in effect, to put more money into the pockets of the Jones, the Andersons, and of all the rest of us. This it did (a) by direct relief appropriations and (b) by government spending on public projects (bridges, highways, canals, power plants, and the like).

In both efforts the government succeeded in stimulating general business. However, Mr. Roosevelt now sees a possible future danger, lurking a year or more ahead, if one important change is not made immediately. He sees that *production* of durable goods is currently increasing faster than *consumption* of such goods. In other words, some industries are manufacturing more goods than the market can stand; they are producing more than the nation's buyers can take.

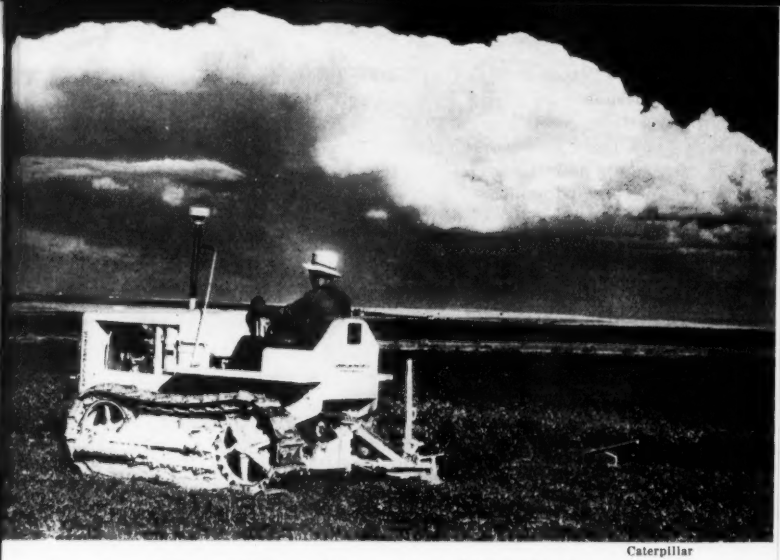
Widespread overproduction of goods now would mean that a year or so hence, mills and factories would shut down while their excess products were being sold. That would throw people out of work, cause prices to fall, and result in general business depression. To counteract this danger, the government plans to buy less of goods which now are being overproduced and to restrict its flow of funds into those industries which have not yet reached the point of overproduction.

At the same time it plans to continue its policy of easing credit, i.e., keeping interest rates down. That policy is expected to encourage people with capital to keep their funds in business; not to take their money out and put it into bonds.

The Big Three

Washington news writers who attended the conference at which the President announced this important change in policy indicated that three industries in particular—steel, copper, and cement—had been singled out as stepping up production and prices too rapidly.

It appears, therefore, that the government will advance less money in the future for projects using



Caterpillar

Farm equipment shares enjoy bright outlook.

large amounts of steel, copper, and cement than it has in the past.

Prices of shares in these important lines have declined sharply since the President's plan was announced. Until it becomes clear what effect the change in administration policy will have upon steel, copper, and cement shares, investors should keep out of them.

Reaping the Harvest

The farm equipment companies —makers of threshers, tractors, ploughs, etc.—are looking toward the fall crop season with equanimity. This year, if present forecasts mean anything, three important Northwestern grain-growing states should have their best crops since 1930. These states are Minnesota, North Dakota, and South Dakota.

For six years in a row, wheat crops of these states have been blighted. Currently, soil conditions in the area they cover are better than in years. In addition, wheat-growers there have increased their acreage; they have planted 2,000,000 more acres in grain than a year ago.

As a result, farm-equipment makers believe the three states will have more money this year than they have enjoyed since 1930. Should this hope materialize, many wheat-growers will buy new tractors, threshers, and other farm implements.

The prospect is sufficiently encouraging to justify purchase of a few shares in the farm-equipment industry.

The Five-and-Ten

Department store executives report that recent advances in retail prices have caused purchasers to

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turn to cheaper goods. They have not been buying high-priced, luxury articles so well as in 1936.

This trend is encouraging operators of five-and-ten cent stores. They have learned from past experience that when prices soar above the heads of average Americans, they flock to the five-and-ten. This trend is already in evidence.

Purchase of the shares of stronger companies in this field is thus recommended.

Tuning In Again

One of the hardest hit industries during the recent depression was radio. Makers of radios had accumulated vast excesses of sets which they could not sell at a profit. Eventually, they cut prices to the bone in order to clear out their stocks. After years of taking losses, they were able to sell all the old sets.

Today, the industry is in better condition; in fact, probably the soundest condition it has ever enjoyed.

Meanwhile, manufacturers of radios have done two important things: They have learned how to make better sets, and they have learned how to cut manufacturing costs. Consequently, their retail prices are now so reasonable that workingmen can all buy radios—which is exactly what they have been doing.

Shares in the industry offer attraction.

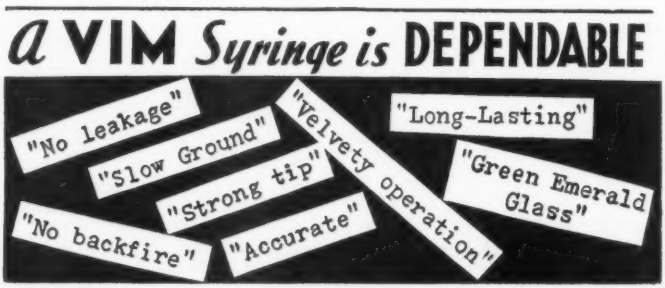
Gilt-Edge Bonds Good

The administration has no intention of drastically changing its policy of keeping interest rates down. Therefore, no important change in the price trend of gilt-edge bonds is likely, for their price course depends almost entirely on how interest rates vary (e.g., when rates are high, bonds normally go lower; when rates are low, bonds ordinarily rise).

No good reason exists for selling U. S. Treasury, Federal Land Bank, Home Owners Loan, and other government bonds; nor for unloading first mortgage bonds of strong industrial, public utility, and railroad companies. Retain them.

THE FOLLOWING are equitable rates for collecting physicians' accounts, says the National Retail Credit Association:

Accounts of $100 or more	10%
Accounts of $50 or more	15%
Accounts from $5 to $50	25%
Accounts under $5	50%



WHEN a patient is sensitive to such common foods as wheat, milk or eggs, the task of explaining the necessary diet is a tedious one.

Why not take a simpler way that's really *better* for your patient and for you? Just hand him a copy of this booklet—marking the section which applies to his particular sensitivity. There, plainly stated for easy reference, are exactly the foods he may or may not have.

This booklet is approved and used by many leading allergists, in private practice and allergy clinics. With the direction and assistance of recognized authorities, it was prepared in our laboratories, where years have been devoted to research and the study of allergy problems. These booklets are for professional use only. None are distributed to the laity.

Notice, when you examine this booklet, how frequently Ry-Krisp appears in the lists of accepted foods. That's because these tempting and delicious wafers are simply made of flaked whole rye, salt and water, double baked. They're perfectly safe—so inviting that they actually encourage closer adherence to the diet. For free samples and copies of the Allergy Diet booklet, use the coupon.

RY-KRISP *Whole Rye Wafers*

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Without obligation, please send me samples of Ry-Krisp and Allergy Diet Booklet

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(This offer limited to residents of United States and Canada)

Millions Against Cancer

NO PIKER, CANCER. In addition to establishing a world-shaking mortality record it has inspired what is reputedly the most widespread mobilization against any single disease—the army of some two million women organized under the banner of the American Society for the Control of Cancer (see January issue, page 112).

Nor is that all. Last month a bill was proposed in the Senate authorizing an annual expenditure of $1,000,000 on cancer research. According to Associated Press reports, it bore the signature of more than ninety senators—making it practically unanimous. Congressional records reveal that never before has a bill received such support. Simultaneously with its introduction in the Senate, a similar measure was put before the House of Representatives.

If the bill is passed, the million-dollar appropriation will be put into the hands of the surgeon general of the U. S. Public Health Service. He will "make grants-in-aid to schools, hospitals, laboratories, and other institutions and to scientific investigators whose work has shown promise of making valuable contributions to human knowledge with respect to the cause, diagnosis, control, treatment, or prevention of cancer." Some of the money will purchase radium to be lent to state and private cancer institutions.

News that a million dollars were in the offing was received with particular enthusiasm by the National Cancer Council, deep in dismay over the fact that less than $200,000 has been spent on cancer research each year up to now.

The Women's Field Army of the American Society for the Control of Cancer swung into action at the end of March and was still going strong last month. With about $2,000,000 as ammunition (a dollar from each member) and under the generalship of Grace Morrison Poole, former president of the General Federation of Women's Clubs, and Marjorie B. Illig, head of the federation's health division and a trained radiologist, the anti-cancer army moved against the disease by disseminating education to the public through newspapers, magazines, broadcasts, lectures, and specially prepared literature. Featured in the literature were ten "golden rules of the cancer examination" prepared by the American Society for the Control of Cancer. Copies of the rules were distributed "as a guide and aid to laymen who want a complete general physical examination" in order to uncover possible evidences of the disease.

Drafted by Drs. Frank E. Adair, Burton T. Simpson, and James Ewing, these rules serve not only to inform laymen about what they

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For use in Eczemas Ulcers, Boils Burns, Scalds

The quick relief afforded by Resinol in any pruritic condition, makes it of inestimable therapeutic value. Use freely even where extreme irritation exists.

For sample write to the Resinol Chem. Co. ME-5, Baltimore, Md.

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GASTRIC HYPERACIDITY
TREATED BY COLLOIDAL ADSORPTION

The Newer, More Rational Method of Removing Acid Excess

Objections to Chemical Neutralization

1. Peptic digestion may be hindered or prevented.
2. Intensive alkaline treatment may lead to alkalosis.
3. A secondary and more pronounced rise of acidity may follow administration.

Advantages of Colloidal Adsorption

Alucol, an allotropic form of aluminum hydroxide, takes up acid *excess* chiefly by colloidal adsorption—a physical, not a chemical, process. Offers these advantages:

1. No interference with digestion—Alucol takes up *excess* acid, leaving sufficiency for continuance of peptic digestion.
2. Alucol does not lead to alkalosis.
3. Does not cause a secondary rise of acidity.

Convince yourself of these advantages by making a clinical test of Alucol. Use this coupon.

ALUCOL

(Colloidal Hydroxide of Aluminum)
Supplied in Tablet and Powder Form

THE WANDER COMPANY Dept. M. E. 5
180 N. Michigan Ave., Chicago, Ill.

Please send me without obligation, a container of ALUCCL for clinical test, with literature. Check which required:

☐ Tablets or ☐ Powder

Dr._____

Address_____ City_____ State_____

should expect in an examination but also to drive home just how rapacious cancer is.

They inform wondering candidates that a complete cancer examination checks ten different avenues along which the disease may advance. Rote to physicians, the rules cover an amazing amount of territory from the standpoint of the man in the street.

The fundamental purpose of the Women's Field Army is to "get all the women of the country talking about cancer." If that end can be achieved, its sponsors believe that "we will be in a fair way to controlling this tremendous cause of suffering and death." Typical of the activities in which the various units of the army have engaged, are those undertaken by the New York City Cancer Committee. That group has set up booths in large department stores, railroad stations, drugstores, ferry houses, and office buildings to recruit membership in the army and to distribute educational material.

The recently formed National Association of Science Writers (see page 106) has felt constrained to raise its voice in the widespread outcry on cancer. A publicized opinion of the association is to the effect that the present system of cancer research and control is inadequate and inefficient; that biochemists, cytologists, geneticists, and radiation experts now working independently should be organized under a "competent, sympathetic, and understanding director." Industrial laboratories are cited as examples of how outstanding achievements in pure science can be attained through organized cooperation. In rebuttal, the Cancer Council, a subsidiary of the American Society for the Control of Cancer, has stated its disapproval of "formal attempts to regiment or to organize cancer research under the direction of a 'super-mind' or dictator."

FEVER THERAPY

SOME FIFTY YEARS AGO when Arsene d'Arsonval, a Parisian professor, predicted that diseases would be cured by heat he was scoffed at. At the final sessions of the First International Fever Conference, held a few weeks ago in New York City, fever therapy was hailed by medical authorities as a specific for gonorrheal infections.

Reported also were "amazing" results achieved through artificially-induced fever in syphilis cases. Among those who enthusiastically described venereal cures by this means were physicians from the Mayo Clinic, from the U. S. Army, and from leading American and foreign medical centers.

Although the conference was told that fever therapy may be considered a cure for gonorrhea, it was warned that the same treatment for syphilis is still in the experimental stage.

105 BIRTH CONTROL CLINICS USE
COOPER CREME
THE ORIGINAL CREME FOR MARRIAGE HYGIENE
Learn Why Discerning Physicians Prefer it to Old Type Jelly
Write for FREE FULL SIZE PACKAGE
WHITTAKER LABORATORIES, INC.
250 WEST 57th ST., NEW YORK, N. Y.

BANDAGE saves you TIME and EFFORT!
PACKAGE saves you MONEY!
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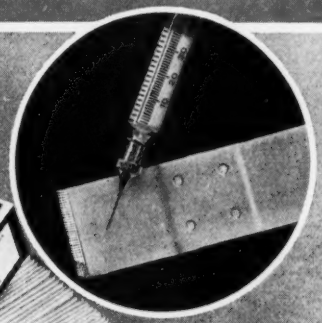
BAY'S READI-BANDAGE

A quick, neat professional readi-dressing especially effective over needle punctures.



A special professional package of 100 one-inch Readi-Bandages priced to cost you less. Individually packed in glassine envelopes.

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MANUFACTURERS
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BAY'S
SURGICAL DRESSINGS

THE BAY COMPANY, Bridgeport, Conn. ME 5

Gentlemen: Please send me a sample of Bay's Readi-Bandages.

Doctor.....

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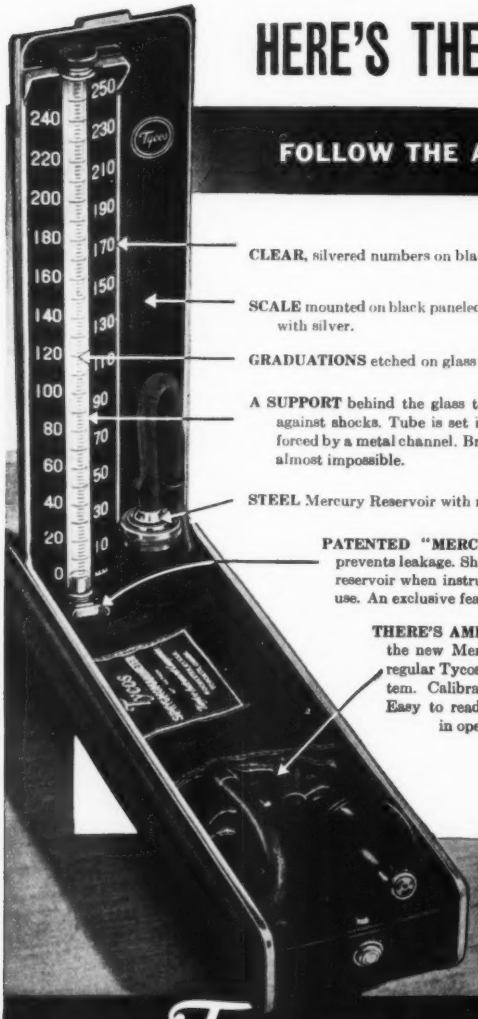
HERE'S THE LATEST IN



FOLLOW THE ARROWS

CLEAR, silvered numbers on black metal scale.

SCALE mounted on black paneled cover, banded with silver.

GRADUATIONS etched on glass tube.

A SUPPORT behind the glass tubing protects against shocks. Tube is set back and reinforced by a metal channel. Breakage of tube almost impossible.

STEEL Mercury Reservoir with removable top.

PATENTED "MERCURY LOCK" prevents leakage. Shuts mercury in reservoir when instrument is not in use. An exclusive feature.

THERE'S AMPLE ROOM in the new Mercurial for the regular Tycos inflation system. Calibration 260 mm. Easy to read. Trouble-free in operation.

NEW *Tycos* MERCURIAL

IN MERCURIAL SPHYGMOMANOMETERS

NEW TYCOS ONLY $27.50 COMPLETE. But if you take advantage of the Tycos Exchange Plan, it is only $22.50. Your surgical supply dealer will allow you $5.00 on your old instrument, regardless of make or age.

GUARANTEED

The new Tycos Mercurial carries a complete 10-year guarantee against breakage or mechanical failure of the case or any part except accessories. Guarantee includes free replacement of glass tube. ***There's also an Unlimited Time Guarantee On Accuracy Under Correct Usage.***

See the beauty of the new Tycos. Examine this major contribution to the medical profession at your surgical supply dealer's. Read the Tycos guarantees and note the refinements of this most modern sphygmomanometer of them all.

If you own a Tycos Aneroid, invest in this new Tycos to complete your blood pressure instrument equipment. Taylor Instrument Companies, Rochester, N. Y., or Toronto, Canada.

WITH 10-YEAR GUARANTEE

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Gelatinized Milk

SCORES IN

INFANT FEEDING TESTS

A preliminary study conducted in the Department of Pediatrics of a prominent Eastern University was made with three groups of infants (fifty babies in each). The study was intended to duplicate the usual type case as seen by the practicing physician such as vomiting, constipation, and other disorders relating to the digestive system.

To determine any differences between cow's milk, lactic acid milk, and gelatinized milk* was the purpose. The results as reported (Archives of Pediatrics January-February 1937) are:

1. Infants fed gelatinized milk appeared to be less susceptible to infections, especially upper respiratory infections, than those fed acidified or cow's milk.
2. The occurrence of diarrhea was less frequent in the gelatinized milk group and acidified milk group than in the plain milk group.
3. The group of infants fed gelatinized milk had a better rate of gain than those groups fed acidified milk or plain cow's milk.
4. Vomiting and "appetite poor" symptoms among the infants were obviated or showed improvements when fed gelatinized milk in contrast to the feeding results of the other groups which showed little change.
5. The infants in the gelatinized milk group had more favorable results than the acidified milk group or cow's milk group in relation to constipation.

* [One or two percent of Knox Gelatine was added to the formula water which had been boiled and cooled. The gelatine was softened ten minutes before being added to the milk of the formula.]

KNOX SPARKLING GELATINE

KNOX GELATINE LABORATORIES
448 Knox Avenue, Johnstown, New York

Kindly send me a copy of above-mentioned report. Include a sample of Knox Gelatine for me to try.

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Street .....

City ..... State .....

TEACHERS AS ALLIES

☆

To the familiar three "R's," schoolteachers should be encouraged to add "H" for health. This interview with a prominent physician who has made teacher-physician cooperation his hobby and responsibility for two decades, tells how.

IN THE NUMBER of cases referred to them by local schoolteachers, Birmingham doctors today see concrete evidence of the value of a firm bond between themselves and these teachers. What follows explains how this bond has been established.

First of all, the local board of education is the profession's ally. Last year, just before school started, the board sponsored a three-day teachers' institute, keynoted by the slogan. "Character Building Through Health." Practically 100% attendance was insured by beginning instructors' terms of service (and pay checks) with the institute's opening, instead of with the first day of school.

Thanks to the board, the largest high school auditorium in the city was made available for morning and afternoon meetings. The total time spent in sessions was kept down to five hours a day. Thus tedium was avoided. Among the subjects probed were these: recog-

Globe

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There IS *something* NEW UNDER *the* SUN

AN alkalizing agent which overcomes acidity:

1. Without producing gastro-intestinal disturbances.
2. Without depleting the calcium reserve.

Entacarb, in accomplishing alkalization, does not cause eructations or distention, nor does it disturb the correct physiological balance of the inorganic ions. Composed of calcium and magnesium carbonate, sodium and potassium bicarbonate, bismuth subcarbonate, and colloidal aluminum silicate—this light, finely divided powder dissolves readily in the stomach and produces a prompt, soothing, neutralizing and mildly laxative effect. It reduces nerve irritability and has an antispasmodic action.

Write now for a sample.

Supplied also in enteric coated tablets—which accomplish general alkalization and disintegrate only in the duodenum.

INDICATIONS: *Hyperacidity, diarrhea, colitis, colds, influenza, nephritis, rheumatism, urticaria, morning sickness of pregnancy, cyclic vomiting of children, etc.*

REED & CARNRICK

Jersey City, N. J., U. S. A. Founded in 1860

nizing diseases and organic troubles in children, urging parents to secure medical care for below-par children, cooperating with pupils' family physicians.

Schoolmistresses learned that, while they must be on the alert for the less obvious ills, some defects are readily apparent, such as under-nutrition, visual and aural deficiency, the debilitating influence of colds. Instead of simply making allowances for a pupil's sickness, they were asked to seek the aid of the child's physician.

Birmingham doctors declare that results have been splendid. Many young patients have come to them, saying, in effect, "Teacher told me I'd better see you." It is reported, too, that the crusade against quacks is effectively furthered through the institute. Teachers learn to impart to pupils a sane, healthy outlook on diet, medication, and therapy. Thus, their charges will not grow up addicted to fads and swayed by taboos which lead to indulgence in expensive, worthless "cures."

To physicians, elsewhere, interested in sponsoring a teacher's institute, one Birmingham doctor offers this advice:

"Of course you must work through your local board of education. Perhaps the best way to gain cooperation from members of that body is to approach them through a committee representing your local medical society. The committee should be composed of men known for their work with schoolchildren and, if possible, friendly with some of the board's personnel.

"Have a tentative program lined up. It will give the board of education a comprehensive idea of what you are driving at. List the topics to be covered during a one-, two-, or three-day institute. Explain how they are designed to improve health and scholastic ability among schoolchildren. Point out that the subjects will be presented by leading medical authorities.

"Properly broached and zealously followed up, a plan for a teacher's institute should ultimately be approved and put into effect by education authorities. Once the institute is launched, the following points should be kept in mind:

"1. Papers read before the teachers should be non-technical and popular in style; should not infringe pedagogic standards and ethics; should not call for unusual inroads on teachers' spare time.

"2. Teachers should be followed up throughout the school year to see that their understanding and support of the suggestions made at the institute do not falter. This can be done by the committee.

"3. Every local physician should be asked to record the names of teachers whom he finds cooperating with him. Then, at the next institute, those who have been outstanding in their aid to doctors can be asked to address their sister schoolmistresses.

"The benefits inherent in an institute of this kind may be had for only a small investment. A negligible sum set aside in the school-system budget takes care of promotional and administrative expenses.

"Medical men in other communities will do well to emulate Birmingham's example. Child health, medical practice, and education are bound to be enhanced thereby."

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STRIKES HIT HOSPITALS

"PERSONS ENGAGED in hospital service must find other means of settling their labor disputes than by endangering the lives of the sick and distressed," said a magistrate when he gave suspended sentences recently to a large group of sit-down strikers employed by the Jewish Hospital, Brooklyn. It was pointed out to the workers that since a hospital is a quasi-public institution, illegal possession of it, as during a sit-down strike, is similar to an uprising against governmental authority with which there can be no compromise.

Other less serious strikes have taken place at hospitals in and around New York City. But they were settled amicably within a short time (see March issue, page 160). In the Jewish Hospital issue, both the court and authorities at the institution emphasized that their decisions do not denote hostility to labor, but give recognition to the fact that hospital strikes menace patients welfare.

That the menace is no mere bugaboo is evident in this summary of the strike: Employees were coerced and influenced by outside radicals. Because of striking laundry workers there was a serious shortage of sterile linen and blankets. That created a dangerous situation in operating rooms, delivery rooms, and nurseries. All but emergency operations and transfusions had to be postponed. One nurse testified that 87 babies became chafed because there were not enough clean diapers. The dispensary had to be closed. Elevator service in the twelve-story building was denied to doctors, nurses, and non-striking employees. Food was refused to all but patients while strikers sat around smoking cigarettes with their feet on kitchen tables.

Clarifying the Jewish Hospital's attitude, its directors point out that in spite of a large deficit, salaries this year were increased by $150,000, working hours decreased, and living conditions improved. They add: "The trustees desire to do everything in their power to improve the working conditions of employees as far as the finances of the institution will permit . . .There has been and there will be no discrimination against any employee belonging to any union, provided he does his work loyally and efficiently. The hospital has at all times been ready to meet with employees, to discuss their problems, and to recognize their right to bargain collectively through representatives chosen from the employees, but not through any outside agency. In the past, many improvements of benefit to employees have resulted from such conferences."

CUT THIS OUT AND SEND FOR SAMPLE OF

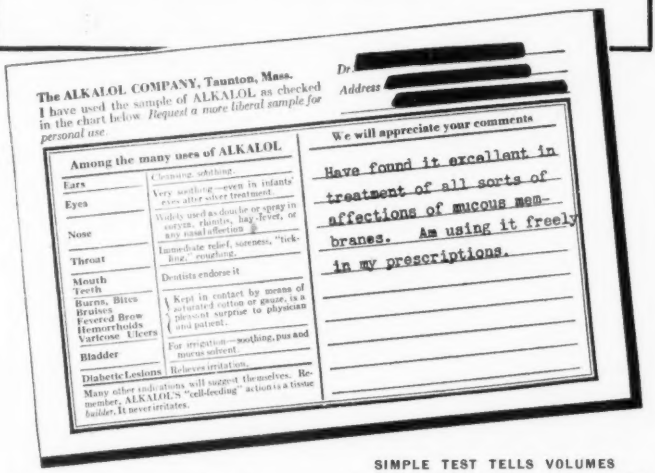
CARBEX BELL

A truly *palatable* 6 grain tablet of sodium bicarbonate and aromatics.

HOLLINGS-SMITH CO., Orangeburg, N. Y. Sample Carbex please.

Dr..... Address.....

A Physician Takes The Stand



The ALKALOL COMPANY, Taunton, Mass.
I have used the sample of ALKALOL as checked in the chart below. *Request a more liberal sample for personal use.*

Dr. [redacted]
Address [redacted]

Among the many uses of ALKALOL	
Ears	Cleansing, soothing.
Eyes	Very soothing—even in infants' eyes after silver treatment.
Nose	Widely used as douche or spray in coryza, rhinitis, hay-fever, or any nasal affection.
Throat	Immediate relief, soreness, "tickling," coughing.
Mouth Teeth	Dentists endorse it
Burns, Bites Bruises Fevered Brow Hemorrhoids Varicose Ulcers	Kept in contact by means of saturated cotton or gauze, is a pleasant surprise to physician and patient.
Bladder	For irrigation—soothing, pus and mucus solvent.
Diabetic Lesions	Relieves irritation.

Many other indications will suggest themselves. Remember, ALKALOL'S "cell-feeding" action is a tissue builder. It never irritates.

We will appreciate your comments

Have found it excellent in treatment of all sorts of affections of mucous membranes. Am using it freely in my prescriptions.

The testimony given on this card corroborates the evidence I've heard from many witnesses to Alkalol's invaluable service to the medical, dental and nursing professions for over thirty years. And now in this season of sudden temperature changes, it's a good thing to know about Alkalol's long record of success in treating colds. Here's how Alkalol helps—

ALKALOL AVOIDS ADDITIONAL IRRITATIONS

Many head-colds will be prevented if the nasal tract is kept clean, for without a doubt the nose often acts as an incubator for bacteria.

Nasal cleanliness is no problem when Alkalol is used, for Alkalol is a pus and mucus solvent, allays irritation, reduces congestion and has a pleasant refreshing taste and odor. Different from the germicides so much exploited for oral hygiene, Alkalol can be used full strength in eye, ear, nose, wounds or burns, rash or irritation.

Let me tell you what physicians have written for many years about Alkalol in absolutely *unsolicited* testimonials—"Wonderful success with Alkalol in treating and preventing head-colds" . . . "Results amazing" . . . "Wonderful in the treating of inflammation anywhere" . . . "Patients find it comforting and soothing" . . . "It has been my winter stand-by for 15 years" . . . "It fills your statements beyond a doubt" . . . "Finest nasal douche I ever used" . . . "Very efficacious in treating head-colds" . . . "Perfect for treating irritations of the mucous-membrane" . . .

SIMPLE TEST TELLS VOLUMES

Let me send you a free eye dropper bottle of Alkalol. Then try it in your own eyes. Alkalol has such a wonderful soothing, healing action on the delicate membrane of the eye that it has been used for years to clear the eyes of infants after silver treatment.

Doesn't it stand to reason, Doctor, that if Alkalol has been so successful in treating such a supersensitive organ as the eye that it must be equally efficacious as a douche or spray in coryza, rhinitis, etc.?

* * *

Please remember that Alkalol is a delicate product and should not be dispensed from opened containers. Prescribe Alkalol in original 8 or 16 ounce bottles.

Your card or letterhead will bring a FREE SAMPLE of Alkalol.

(Signed)

J. P. WHITTERS

The ALKALOL Company
Dept. ME7
Taunton, Massachusetts

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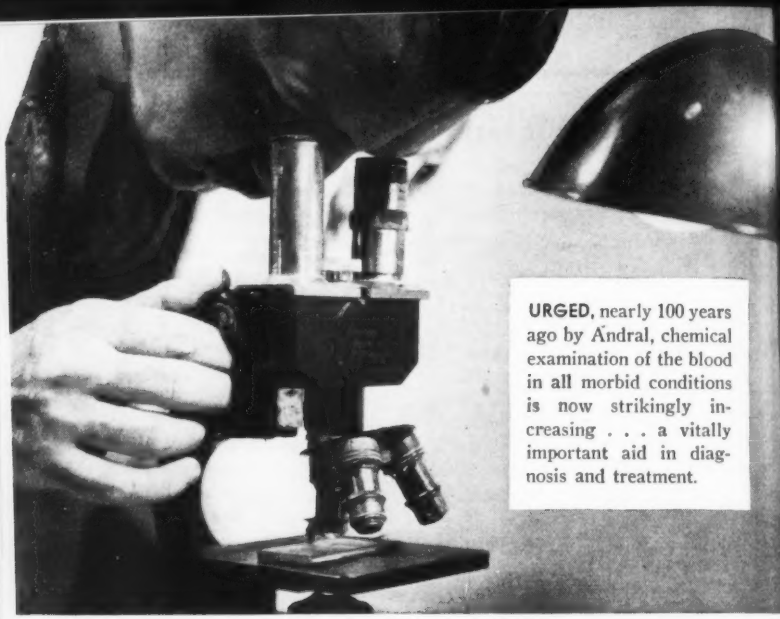


URGED, nearly 100 years ago by Andral, chemical examination of the blood in all morbid conditions is now strikingly increasing . . . a vitally important aid in diagnosis and treatment.

Blood Analyses swing Sharply Upward

in everyday diagnosis and practice

THIS development has been sudden and rather dramatic.

Both general practitioners and specialists in nearly every field are more and more studying the blood chemistry in cases under their care! Many are making their own hemoglobin determinations: sales of hemoglobinometers have gone sensationally up, manufacturers say. But medical laboratories, also, report a striking rise in blood-analysis requests.

Further evidence of this clearly-defined direction in medical thought comes from the schools—more than sixty per cent of them require that students possess modern blood-test instruments.

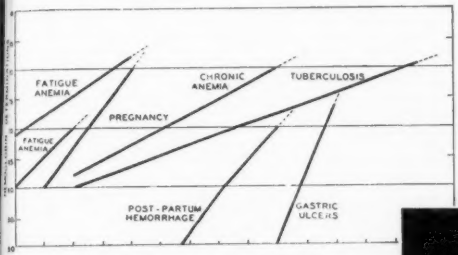
Facilities for blood analysis are today as easily available, as simple and accurate as your modern stethoscope, thermometer and other essential scientific equipment.

And with anemia co-existent in nearly all disease from acne to septicemia... with secondary anemia the most

mmon ill of this generation. . .with *en slight blood-impoverishment* rec-nized as a definite biologic handicap .the need for blood analysis is *creasingly* imperative.

It is the modern aid to prompt, ac-rate diagnosis. . .leading to the most vantageous therapy!

Spaces between vertical indicators on scale below represent one week's treatment



TYPICAL HEPTOGENE RESPONSES.

These seven cases well typify thousands which are justified our original belief that Heptogene would be depended upon to effect in two weeks, average increases: *erythrocytes*—500,000; *hemoglobin*—15 *points* (*Tallqnist.*)

EACH TABLET REPRESENTS APPROXIMATELY:

Liver Extract (Wilson)	2 2/5 grains (3100 mgms fresh liver)
*Iron albuminate	1 2/3 grains
Copper Biobasic	1/100 grains
Calcium gluconate	1 1/5 grains
	as metal
*Ferrum	3.80 mgm
Cuprum	.13 mgm
Calcium	7.00 mgm
Vitamins	
Vitamin B	2 Sherman units
Vitamin G	10 Sherman units

*Note low iron intake! HEPTOGENE uses four prime hematopoietic ingredients in precise balance and physiologic proportions—potentiated according to Buergi's law. Provides optimal effectiveness with minimal dosage—and, in thousands of cases showing rapid rise in hemoglobin and red count, NOT ONE instance of gastric upset has been encountered.

In treatment of anemias

You will find it valuable—in your own work to clear up anemia—to possess exact information about HEPTOGENE. This unusual hematic has peculiarly great ability to effect high reticulocyte response *without gastric upset.* You will deduce something of that from the formula, given herewith. But you will also find it interesting to examine clinical reports and copies of typical case histories—and to have a professional sample for trial and observation. These will be sent gladly, at once, upon request.

BIOBASIC PRODUCTS, INC.

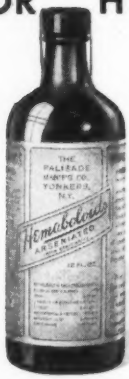
International Building, Rockefeller Center, New York, N. Y.

BIOBASIC PRODUCTS, Inc. ME 17
International Bldg., Rockefeller Center
New York, N. Y.

DR. .....

ADDRESS .....

FOR HYPOCHROMIC ANEMIAS



IRON CONTENT 100% AVAILABLE

In stable organic combination with Nucleoprotein · Alkali-soluble · Rapidly assimilated • • • **RICH** in hemin-forming glutamic acid • **NON-ASTRINGENT:** will not upset digestion nor induce constipation • **IN TWO FORMS:** Hemaboloids, Plain, and Hemaboloids Arseniated with Strychnia

Hemaboloids

(ARSENIATED WITH STRYCHNIA)

REPRESENTS IN EACH TABLESPOONFUL

Alcohol (by volume) 17%		Nucleoproteins and Proteins 9.6	grs.
Iron	0.92 grs.	Arsenous Acid 0.025	grs.
Masked or Nonionic 0.69 grs.		Strychnine . 0.0125 grs.	
Ionic	0.23 grs.		

A GENERAL TONIC AND HEMATINIC OF MARKED CLINICAL EFFICIENCY
COMPATIBLE WITH MILK

THE
Palisade
MFG. CO. INC.
Yonkers, N. Y.

Division of THE ARLINGTON CHEMICAL COMPANY

BABIES FIRST!

BY VIRGINIA LEHMAN

Lambert from Black Star

A well-baby clinic provides fertile soil in which to plant the seeds of practice. The author, a physician's wife, tells how such a clinic was established in Arthurdale, West Virginia.

WHY NOT START a well-baby clinic? You'll find it a good investment.

The particular type of clinic we launched here in Arthurdale is suited only to a small community, (ours has 700 people). Yet there are enough small communities where the same conditions prevail to make our methods rather widely applicable.

The first and most important step in establishing the clinic was to put the matter squarely up to the local mothers, making its success their responsibility.

The president of the Arthurdale parent-teachers association was appointed chairman of the clinic committee. That combination of capacities has proved excellent. She is a grandmother, but active; she is not tied to her home by so much as a shoestring. She knows everyone, and everyone respects her.

When this woman undertook the chairmanship of the clinic committee, she immediately appointed twelve women to assist her. Those selected have no small babies; some are active grandmothers like their chairman; all are able to devote one afternoon a month to the clinic. Their duties consist of fostering publicity, following-up patients, and helping with the actual clinic work (this service is rotated, three women being "on duty" each Friday afternoon).

Our list of eligible babies (un-

XUM

der eighteen months) numbers about forty, varying as new arrivals appear and as veterans pass the age limit. Each baby enrolled is expected to be brought to the clinic once a month. I do the clerical work involved.

Patients are listed according to their street addresses. Cars and drivers, loaned for the purpose, transport them to the clinic and home again (no doubt a fundamental reason for the success of the plan).

I plot the exact time at which each of some fifteen babies will be called for. Then I notify the mothers and ask them to let us know if for any reason they can not come. Out of fifteen babies scheduled, we see about eight or ten when the weather is bad, more when it's good.

I also notify committee members whose turn it is to aid. In addition, I send a detailed report to the committee chairman each week.

Every Friday afternoon our infirmary is put in readiness. The nurse prepares the scales and receives the babies as they come in. She attends to all the mechanics of the work—designating one woman to dress and undress the youngsters, another to hand out literature secured from state and other organizations, and a third to act as "traffic director."

The nurse, of course, weighs each baby and takes routine notes. Careful records are kept of each visit.

The next step in the procedure is for mother and baby to see the doctor. He makes a careful examination; changes diet if necessary; and, while the little patient is being dressed, he may offer some preventive advice.

The mother is then turned over to the "literature department," where she waits, chatting with other mothers until a car arrives to take her and the baby home.

Sometimes, when an opportunity presents itself, the doctor delivers a short lecture on the importance of vaccination or on some allied subject. All in all, the work is pleasant; and he, no less than the clinic committee, enjoys these weekly sessions thoroughly.

Actually, of course, the only work in connection with the clinic to which the doctor has to give any time is that done on Friday afternoons. All details are the responsibility of the committee members.

A well-baby clinic of this type affords a number of concrete advantages: It encourages mothers to have their babies' health checked regularly. It starts these youngsters

SYPHILIS **PRIMARY • SECONDARY TERTIARY**

THIOBISARSON prevents Leucopenia, and increases rate of resolution of luetic lesions and aids in rendering the Lymphatic glands sterile. Causes rapid disappearance of the Treponema from primary and specific lesions, usually within 48 hours. Has the property of penetrating, diffusing, and destroying spirochetes in the central nervous system and appearing in the spinal fluid. Solution is stabilized, ready for instant intramuscular use.

THIOBISARSON

VC CHEMOTHERAPEUTIC SPECIALTIES

THIOBISARSON is a synthetic metallo-dye organic compound containing bismuth and organic pentavalent arsenic—***all in one molecule;*** with approximately 36% Bismuth and 13% Arsenic.

Literature on request.

VINCENT CHRISTINA, Inc.

215 East 22nd Street **New York, N. Y.**

ALLIES IN WAR AGAINST DENTAL CARIES

Estimates show that there are over 800,000,000 carious teeth, active and restored, in the United States. The American Dental Association states that in Chicago, for instance, 96.4%, in St. Louis, 94.1%, and in New York, 90% to 97% of the school children have one or more carious teeth.

No wonder doctors, dentists and nurses join hands in the war against caries. The task of prevention evolves on all. For, as the Journal of the American Medical Association pointed out in October of 1933:

> "According to the White House Conference on Child Health and Protection, studies more specifically directed toward the control of dental caries have recently emphasized that active caries should be definitely regarded as indicative of dietary deficiencies."

Of the principal tooth building and nourishing essentials—calcium, phosphorus and Vitamin D—the latter is by all odds the scarcest. Just how much of the damage results from insufficient Vitamin D is not definitely known. But it has been demonstrated conclusively many times that the minerals cannot be utilized properly in forming and safeguarding the teeth except when enough Vitamin D is present.

The need for Vitamin D begins even before birth, is highly important during the nursing period, to help assure the infant of the tooth-forming essentials, as well as to aid in protecting the mother against the withdrawal of minerals from her own teeth and bones to supply her baby.

This need for Vitamin D continues throughout the years of growth—in fact, throughout life—for always there is the need to maintain the dental and osseous structures.

Yet few foods contain Vitamin D, and sunlight is often too weakened by smoke, mist, clouds, clothing and even window glass to afford a dependable supply. Hence, *supplementary sources* are definitely indicated.

The Wisconsin Alumni Research Foundation licenses the following dependable sources of Vitamin D effect under the Steenbock Irradiation Process:

Viosterol and Viosterol products produced under the Steenbock patents by Abbott, Mead Johnson, Parke-Davis, Squibb and Winthrop.

Irradiated Evaporated Milk—available in every part of the United States and Canada and in many other countries.

Irradiated Vitamin D fluid milk—now available in most large and many smaller cities.

Metabolized Vitamin D fluid milk, available in nearly 300 cities.

Other Vitamin-D-enriched foods include: Dry milk, Milk Drink Accessory Foods, Yeast, Breakfast Cereals, Flour and Bread.

Join the war against dental caries—send coupon for free booklet, "Vitamin D and the Teeth"—now.

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out in life as the doctor's patients. It permits the accumulation of records which may prove extremely valuable later on. And, speaking generally, it engenders a warm, personal contact with the people of the community. They have come to look upon our clinic as their particular responsibility and upon my husband as their particular family doctor.

Health Goes To College

No friction with local physicians hampers this student health service plan approved by the Pennsylvania State Medical Society.

WHEN AUTHORITIES at the State Teachers' College in West Chester, Pennsylvania decided in 1935 to establish a student health service, the immediate question was HOW? Scores of instances were recalled in which antagonism had arisen between school health departments and local physicians and pharmacists, each group maintaining that its rights had been infringed by the others. Rather than risk any such friction, officials of the college turned to the state medical society for guidance.

Fortunately, the state society was able to give immediate assistance. It supplied the State Teachers' College with the details of a plan which had been worked out in 1932 by Dr. I. D. Metzger, of the State Medical Board of Education and Licensure. Since this plan enjoyed the approval of the Pennsylvania Medical Society, officials of the college were advised to use it as a guide in formulating their own set-up. This they did.

Few physicians argue about the right of a college to care for its students *en masse*. But when it comes to supplying medical care for acute illnesses and injuries of individuals, the local practitioner, may feel that his province has been invaded. Consequently, the State Teachers' College in West Chester regards its physician today as essentially a health officer, rather than as an active practitioner.

The primary purpose of the student health service is to prevent illness. Therefore, the school physician must act as a sanitary engineer, making weekly inspections of grounds and buildings and of handlers and supply sources of food. He must also address the student body, giving formal lectures on hygiene and preventive problems.

Under the existing plan, the college doctor has a daily office hour during which any student may consult him. He is permitted to treat a student only at the time of his first visit. Subsequent care must be given by an outside practitioner. It is understood that the college phy-

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sician shall be concerned primarily with emergencies, first-aid, and minor medical matters requiring but one visit.

In cases of protracted illness, the student is directed to a physician of his own choice. If he has none, a list of reputable medical men is available. Or the school physician may suggest some local man who specializes in the particular ailment present. The school physician is not permitted to treat students at his private office or in a hospital.

Responsibility for medical bills of outside physicians is also provided for. The college pays only those for treatment of illnesses or accidents incident to participation in athletics by members of college teams. Surgical consultations, x-ray studies, and other special work which may be necessary for athletes are undertaken at local hospitals, the college assuming the bills.

The school physician supervises physical examinations of all new students. He is also in attendance at all athletic events. He is not permitted to give any medical care to faculty members, to their families, or to college employees. The latter must be cared for by outside physicians at their own expense.

Only simple, everyday remedies are provided at the infirmary. Special prescriptions must be filled by a local pharmacist.

The committee on medical economics of the Pennsylvania State Medical Society made the following comment recently about the West Chester student health service: "This is an ideal set-up for the intelligent control of any student health service . . . It is hoped that it may ultimately serve as a guide in formulating a policy for other state-owned and state-controlled educational institutions where such services are being established . . . The plan should provide a real health service to students without encroaching upon the rights and prerogatives of local physicians."

SUN BLISTERS SNOOPERS

"IF THE PUBLIC does not awake . . . it is likely to have foisted on it a system by which it will be subjected to a payroll tax for medical service. In addition, the workingman will be required to contribute to the support of an army of clerks, supervisors, statisticians, 'health-study experts,' snoopers, arguers, and propagandists. Their job will be to entrench themselves on the public payroll, interfere with the doctor as much as possible to make themselves important, and spend a large part of their time keeping in right with the bureaucrats above them. America does not want a medical system run by non-medical people who could not tell the difference between an x-ray and an electrocardiogram."—New York *Sun*.

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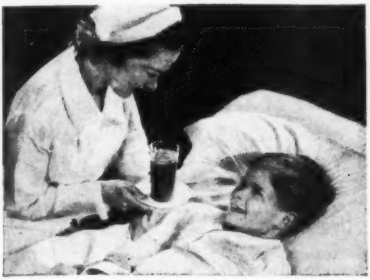
IN CASES OF *Malnutrition*



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THE dietetic values of Cocomalt that establish it as a "protective food" have been accepted by the medical profession as beyond question.

Cocomalt supplies easy-to-digest carbohydrates in the form of dextrose, lactose, maltose and sucrose. And valuable proteins. Furthermore Cocomalt makes milk easier to digest because it is rich in malt enzymes that help to promote better digestion.

Cocomalt is rich in calcium and phosphorus—but more than that, Cocomalt also contains Vitamin D which enables the system to utilize the calcium and phosphorus. Each glass of Cocomalt and milk provides .33 gram of Calcium, .26 gram of Phosphorus, 81 U. S. P. Units of Vitamin D...and 5 milligrams of Iron in readily assimilated form.

Cocomalt is palatable and inexpensive

Two added virtues that make this "protective food drink" deservedly popular with physicians and patients alike. Of distinctive and appetizing taste, it may be served Hot or Cold as you prescribe.

Cocomalt is sold at drug and grocery stores in ½-lb. and 1-lb. purity-sealed cans. Also, for professional use, in 5-lb. cans available at a special price.

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Please send me a trial-size can of Cocomalt without charge.

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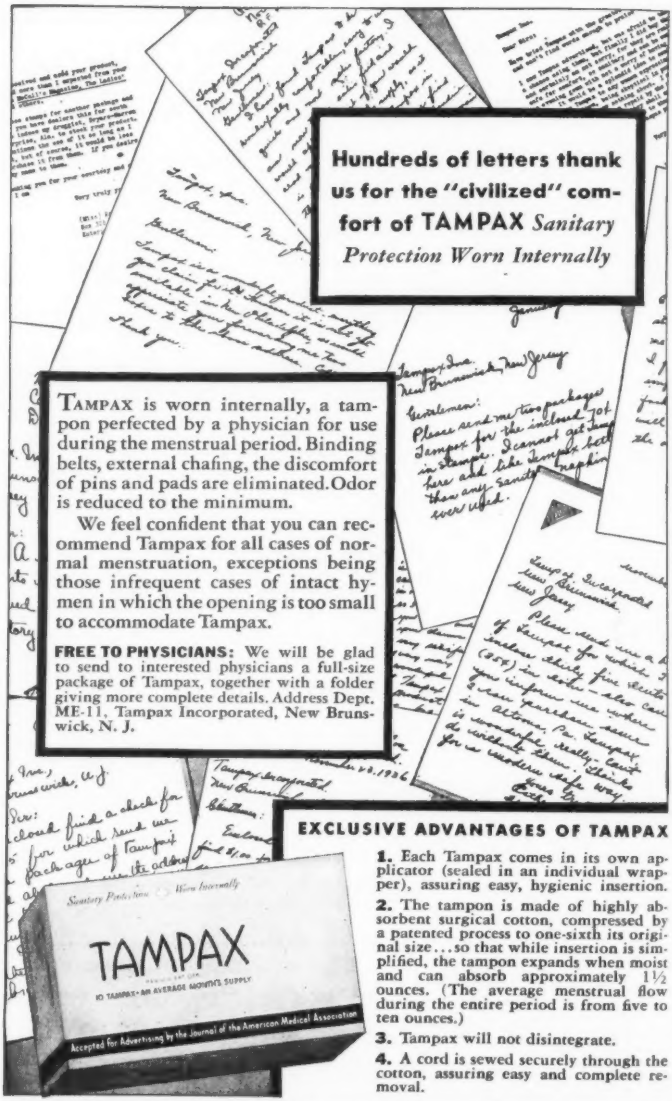

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We feel confident that you can recommend Tampax for all cases of normal menstruation, exceptions being those infrequent cases of intact hymen in which the opening is too small to accommodate Tampax.

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ACCEPTED FOR ADVERTISING BY THE JOURNAL OF AMERICAN MEDICAL ASSOCIATION

HIGHWAY FIRST AID

BY ADMIRAL CARY T. GRAYSON

First-aid depots have been established by the American Red Cross in highway police stations, tourist homes, wayside stores, and gasoline stations throughout the country. They have elicited both criticism and approval from physicians (see March and April issues). This article, written expressly for MEDICAL ECONOMICS *by Admiral Grayson, national Red Cross chairman, explains the significance of the highway first-aid movement for the practicing physician.*

THE AMERICAN RED CROSS Highway Emergency First-Aid Program was begun on a national scale in September, 1935 after its practicality had been demonstrated by a five-year trial period in the counties of several states. At present, 1,501 emergency first-aid stations are functioning in all states. Plans have been made to establish 3,437 additional posts soon.

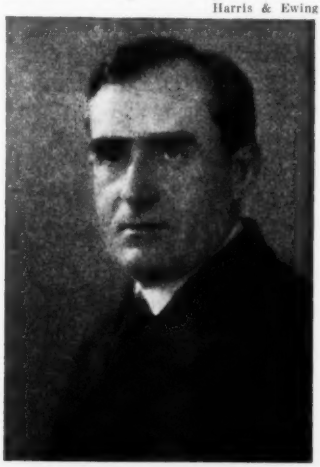
Complete control of the program is maintained at Red Cross national headquarters in Washington. Trained first-aid representatives are sent into the field to visit our chapters and to determine whether there is a need for a first-aid station in the chapter's territory. Utmost care is taken in the selection of sites and suitable personnel.

Local police departments and other groups interested in traffic problems are always contacted. Their aid is enlisted in selecting sites where accidents have happened frequently or, due to new road construction, may happen in the future. Thus, development is logical and orderly.

Undoubtedly, the most important step in the establishment of any station is securing the unqualified approval of local physicians. Without such approval, a station is never set up. In addition, a local doctor serves on the chapter board as a liaison between the first-aid program sponsors and the medical profession.

A station is established only where medical help is not quickly available. Any other procedure

Harris & Ewing



ADMIRAL GRAYSON

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DOSAGE: One or two tablets three times a day.

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would defeat the purpose of our program. Stations usually operate on through traffic routes in rural areas. They must pass rigid inspection as to intelligence and availability of personnel, cleanliness of premises, etc. Volunteers are trained in first aid by the local Red Cross chapter, and periodic inspections are made to keep the depots at peak efficiency.

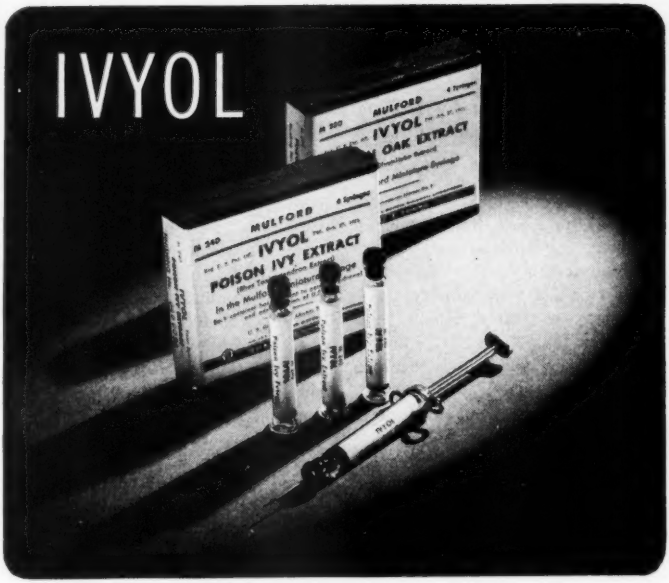
Required equipment consists of an adequate first-aid kit and a Thomas half-ring splint. A stretcher is optional, but most depots procure one.

The responsibilities of the highway first-aider are clear-cut and are of a purely emergency nature. He utilizes his skill and emergency equipment to best advantage until medical aid arrives. He does not supplant the physician, but merely turns the victim over to him in the best condition possible through immediate, intelligent help.

To minor-accident victims the first-aider gives emergency care and advice that a physician be seen. We do all we can to prevent our depots becoming, in effect, community medicine chests for the treatment of neighborhood scratches and bruises.

In the event of a serious accident, one of the first-aider's most important jobs is to act as buffer between the victim and the well-meaning but untrained bystander. He does not jack-knife the victim into a passing automobile and race to a hospital; he does, however, keep others from doing so. He knows how easily a simple fracture can be compounded and is wary of the possible internal injury which may hemorrhage with rough handling.

[TURN THE PAGE]



SINCE the introduction of Ivyol in 1924, the medical profession has successfully employed this therapeutic agent in combating the dermatitis caused by poison ivy or poison oak.

Ivyol is supplied in two forms —Ivyol (Poison Ivy Extract) and Ivyol (Poison Oak Extract). They are 1 to 1000 solutions of the toxic principles derived from poison ivy and poison oak respectively, in sterile olive oil with 2% camphor as a preservative.

Because of its olive oil base, the administration of Ivyol by subcutaneous or intramuscular injection is comparatively free from pain.

Ivyol is available in packages of one and four miniature syringes. Each syringe represents a single dose. The suggested dosage in cases of average susceptibility is the contents of one syringe every twenty-four hours, repeated until the symptoms are relieved.

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The first-aider knows how to give emergency care for shock, how to check arterial bleeding by digital pressure, how to immobilize a limb which is, or may be, fractured, and so on. While he is thus occupied, his co-worker is busy on the phone summoning medical assistance. Each highway first-aid depot must keep an up-to-date list of nearest physicians, hospitals, and ambulance services.

Our men act while the doctor is on the way. In many instances their ministrations have resulted in a patient for the physician instead of a body for the mortician.

Our most heartening encouragement comes from the medical fraternity itself. Particularly from the physicians who, summoned by highway first-aiders, say, "Good work! You've made my job easier!"

10c WORTH OF DATA

THE TITLE, "Doctors, Dollars and Disease," has blossomed again. Three years ago it identified a series of radio broadcasts sponsored by the National Advisory Council on Radio in Education. This time the nouns-in-a-row are used on a 32-page pamphlet—No. 10 in a series—being distributed to the laity by the Public Affairs Committee, National Press Building, Washington, D. C.

The radio series and the pamphlet have more in common than a title. William Trufant Foster, director of the Pollak Foundation, has figured largely in both. He promoted the broadcasts; prepared the pamphlet. The radio series relayed to the public much of the material contained in the reports of the Committee on the Costs of Medical Care. The pamphlet is based largely on the 28 volumes issued by that committee, and is dedicated to probing the following questions:

Can we afford health? How can we maintain good medical care? How deal with patients' ills and doctors' bills? How far shall we use insurance? How far shall we use taxation?

The Public Affairs Committee, organized in January, 1936, has as its avowed purpose the creation of public discussion by distributing, in easy-to-digest form, facts unearthed by research in the social sciences. Its pamphlets sell for 10c apiece, with discounts offered on quantity orders. Among others in the pamphlet series are "Credit for Consumers," "Security or the Dole?" "Cooperatives—Promise or Illusion?" and "The Supreme Court and the Constitution."

MORE THAN 9,100,000 relief clients received medical, dental, or nursing assistance from the WPA during its first year of existence.

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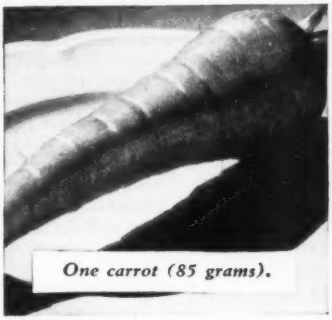
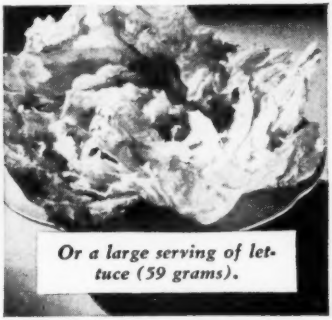
Kellogg's ALL-BRAN . . . a good source of the important vitamin B

Two tablespoonfuls (14 grams) contain about as much vitamin B as is found in these common foods:

One tomato (54 grams).



One carrot (85 grams).



Or a large serving of lettuce (59 grams).

NUTRITIONAL authorities recognize the importance of vitamin B in helping to maintain muscular tone in the intestines.

Kellogg's ALL-BRAN contributes a fair share of the vitamin B needed daily. This cereal also supplies iron for the blood, and corrective "bulk." Within the body, ALL-BRAN absorbs twice its weight in water, and cleanses the system.

This natural laxative food may be served as a cereal with milk or cream, or cooked into recipes. Sold by all grocers. Made by Kellogg in Battle Creek.

VITAMIN REQUIREMENTS OF MAN

III. VITAMIN A

● The importance and multiple functions of vitamin A in human nutrition are widely dealt with in clinical literature. Xerophthalmia resulting from severe vitamin A deficiency is rare in this country, yet the etiology of many pathogenic conditions, namely, night-blindness, urinary calculi, lesions of the nervous system, impairment of epithelial tissue and subnormal growth, has been linked with chronic avitaminosis A (1).

Minimum human requirements for vitamin A are influenced by such variables as size of the individual and efficiency of absorption. The minimum daily requirement of infants has been estimated at 1500 International units, based upon the vitamin A content of milk. The need for the vitamin is not supplied by 1200 International units, while 2000 International units appear to be sufficient (2).

Although the minimum requirement of the adult has been estimated to be as low as 500 International units, the optimum level for both older children and adults is probably between 3000 and 5000 International units per day (3). The League of Nations Technical Commission recommends over 5000 International units of vitamin A for the pregnant and for the lactating woman (4).

Since the human requirement is evidently high, it is fortunate that vitamin A and carotene (pro-vitamin A) are more or less widely distributed in natural foods. Outstanding sources are some of the highly pigmented fruits and vegetables—especially the yellow varieties—and also dairy and marine products (5).

These protective foods, preserved by modern commercial canning, are readily available in all parts of the country throughout the year. It has been repeatedly demonstrated that commercially canned foods retain their vitamin A potency to a high degree (6). The vitamin A potencies of certain commercially canned products have been recently reported in International units (7). From these reports it is apparent that commercially canned foods can be relied upon to supply quantities of vitamin A entirely consistent with the vitamin A of the raw product.

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(1) a. 1935. J. Am. Med. Assn. 105, 1608
b. 1936. Ibid. 106, 996

(2) 1934-35. Am. Pub. Health Assn. Year Book, Page 70.

(3) a. 1934. J. Am. Diet. Assn. 10, 296
b. 1936. Indian J. Med. Research 23, 741

(4) 1936. League of Nations Report on Physiological Bases of Nutrition, League of Nations Publication Department, Geneva.

(5) 1933. Chemistry of Food and Nutrition. H. C. Sherman. 4th Ed. Page 364. MacMillan. New York.

(6) a. 1931. J. Nutrition 4, 267
b. 1933. J. Am. Diet. Assn. 9, 295
c. 1936. J. Nutrition 11, 383

(7) a. 1935. J. Home Econ. 27, 658
b. 1933. Georgia Expt. Sta. Bull. No. 177
c. 1936. J. Am. Diet. Assn. 12, 231

This is the twenty-fourth in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached. What phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. Address a post card to the American Can Company, New York, N. Y.

The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.

BRITISH COLUMBIA TABLES HEALTH INSURANCE

Stirring events have taken place in medical circles in British Columbia during the past few months. Developments there and elsewhere in Canada may have a profound effect on the practice of medicine in the United States. This report and an article to follow next month, written by a well-known Seattle physician, show what our neighbors to the north are doing and what we may expect as a result of it.

A MOMENTOUS ATTEMPT to introduce a scheme of state medicine on this continent has been stopped. In March, 1936 the parliament of British Columbia passed an act designed to established a system of compulsory health insurance administered under a Health Insurance Commission. Just before the first of March, 1937, when the scheme was to have become effective, the commission sent out word that the plan would not be adopted. Behind these two events may be found one of the most interesting chapters in contemporary medicine.

Canadian physicians have long anticipated some form of state medicine or compulsory health insurance. While not desiring a change from the present system of practice, they have fully realized that changing conditions in other fields would eventually bring about changing conditions in the practice of medicine. With great foresight, therefore, and with considerable practical common sense, they made a study of the principles involved and gained an understanding of such schemes which has enabled them to handle the situation in British Columbia with the utmost finesse and sagacity.

They have even gone to the point of enunciating, through official channels, certain principles which they believe essential to any scheme of health insurance. These principles include such things as free choice of physician, complete care with no exceptions, and care extended to people on very low incomes, pensions, or relief. They also believe that such a system should bring into active practice much of preventive medicine which is now held in abeyance by lack of compulsion.

The act passed in British Columbia and the subsequent rulings of the Health Insurance Commission provided none of these things. It was applied only to those on incomes of from $10 a week to $1800 a year and did not provide for indigents or

those on very low incomes or pensions. It contributed nothing to preventive medicine. Futhermore, it did not provide sufficient remuneration to physicians to enable them to continue adequate service.

By a system of contributions from the insured persons and their employers a fund was to be set up from which to pay physicians in a fashion somewhat like that employed in England under the panel system. In other words, each physician was to get a list of patients and for each one of them he was to have received a certain amount each month, according to the extent of the service rendered. Specialists were to be paid on a fee basis. The general practitioner was to have received $3.60 per year per member of his panel if he did no surgery. If he did all his own surgery, he would have received $4 per member per year. Obstetrics was to have been paid for at a rate of $24 per case.

These figures led to interesting speculations as to consequences. One physician at Prince Rupert, after finding that all but a handful of residents of that community would have come under provisions of the act, calculated that his share of income from the system would amount to $2,600. For the year 1936 his office expenses amounted to $2,400.

In Kamloops there are two groups which provide most of the medical service at present. Both reported that they would be obliged to close their offices if the plan became effective. From every point in the province came similar comments.

Most astounding feature of the whole story, however, was the attitude displayed by the profession throughout the province. There was

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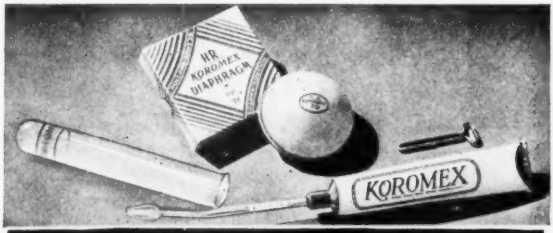
We believe this is the highest record of *proven* success ever attained.



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In non-surgical bleeding the coagulative action is a definite aid to prompt control.

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no bitterness, no violent antagonism, no useless bickering. Rather, there developed a determined effort to bring before the public the true facts and principles involved, to defeat the measure in a vigorous, wholehearted campaign, dignified but emphatic.

With this straightforward attitude they have succeeded in canceling the scheme and will probably succeed in preserving the best principles of modern medicine while at the same time giving the public what it wants.

Time and space do not permit a full report of the background of this movement, the attitude toward health insurance in various parts of the Dominion, and the prospects for the future. Next month, however, we shall endeavor to trace the events which have led up to this most interesting development, report on methods being developed elsewhere in the Dominion, and attempt a prediction as to what may happen in the future.

ETHICAL ABORTION OR ILLEGAL OPERATION?

ABORTION is, on occasion, ethical and necessary. Nevertheless, a doctor undertaking it should be exceptionally sure of his ground. Legal penalties for cases that cannot be proved justified by medical necessity are extremely severe.

Each state has its own statute defining the crime of abortion. Some specifically exempt miscarriages and therapeutic abortions. When the law does not make such

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a rib is accredited with having played a vital role in evolution. Today, it is interesting to observe how a rib has become a factor in the evolution of the surgical knife blade to produce greater strength and calibrated rigidity after uniformly superior sharpness had been attained through technical ingenuity.

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combine the strength and rigidity factor of the T-beam principle, to prevent weaving in the line of incision, with keen cutting efficiency traditionally associated with Bard-Parker products. You will also find that they provide the essential features of economy.

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specific exceptions, they are, nevertheless, recognized and sustained by the courts. Generally, the medical necessity accepted as legal grounds for abortion does not imply immediate danger of death. A potential threat to a patient's life suffices.

A number of states require that no abortion or miscarriage procedure shall be undertaken unless supported by the joint opinion of two doctors. Even where the law does not so order, it is wise for a physician to take a colleague into consultation. The fact of his having done so will prove invaluable should any question be raised later on.

Aside from the punishment imposed by criminal abortion laws in the several states, there is another hazard—a complaint to the state medical board. In one case, a physician was tried for criminal abortion and acquitted. Yet even though his innocence had thus been established in court, his license was revoked by the medical board in his state.

There is still another risk: When an abortion procedure, ethically undertaken, turns out unfortunately, it is all too easy for the cry of malpractice to be raised. Again, the advisability of consultation with another doctor in such cases is obvious. Some physicians believe in it so strongly that they prepare a written outline detailing conditions existing at the time they perform an abortion. Then, they have it signed by their consultant. Thus, they afford themselves protection even though their colleague dies or is otherwise unavailable in the event of an accusation of having operated illegally.

—CHARLES ROSENBERG, JR., LL.B.

SCIENCE WRITERS

THE National Association of Science Writers, through its verbal activity in the current drive on cancer (see page 72), has roused the interest of the medical profession. What is this organization? and why was it formed? are among the questions now being asked about it. The answers follow:

Doctors, scientists, and newspapers were dissatisfied with the way in which medical and other scientific news was reported. Misinformation and misrepresentation

the dependable urinary antiseptic

CYSTOGEN

methenamine in its purest form

Genito-urinary antisepsis and amelioration of renal and vesical discomforts are accomplished when Cystogen is used in the treatment of urethritis, pyelitis, cystitis, etc. Cystogen flushes clean the genito-urinary tract from kidney to meatus and prevents intra-vesical decomposition of the urine. No irritating after-effects when Cystogen is administered. In 3 forms: Cystogen Tablets, Cystogen Lithia, Cystogen Aperient. Send for free samples.

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BiSoDoL Acts Quickly

in relieving the well-known symptoms of gastric hyperacidity. The easily carried BiSoDoL Mints are convenient for the immediate use of your patients at the time of discomfort.

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Arthritis
CHRONIC RHEUMATISM
and **ALLIED CONDITIONS**

call for combined Sulphur, Iodine, Calcium and a powerful solvent of metabolic waste.

Such is

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Given by mouth, it relieves pain, reduces swelling, improves motility, by reaching causes—not merely relieving symptoms.

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used with favorable results by some of the best clinicians

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One or two tablets three or four times daily with a glass of water.

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were common, usually because of lack of cooperation and understanding between scientist and reporter. To correct this condition and to promote the spreading of accurate scientific information through the press, the National Association of Science Writers was formed in 1934.

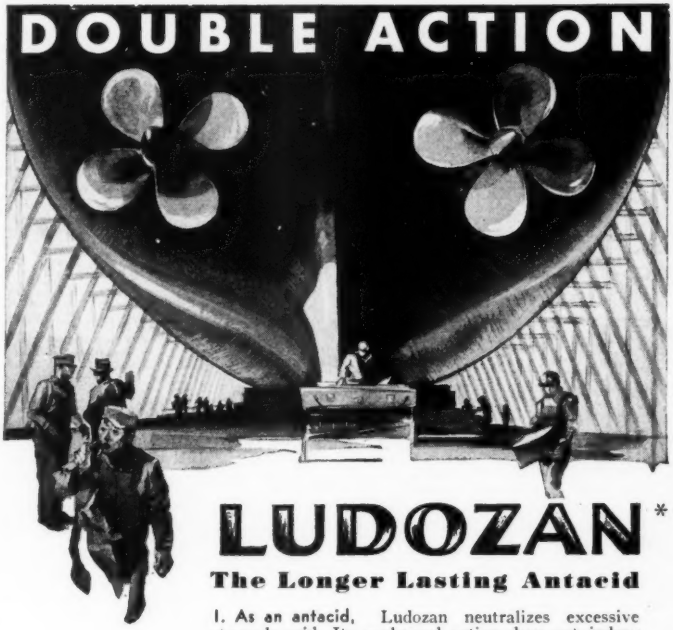
The association's members are scientific writers on leading city newspapers. Not scientists, they nevertheless possess a broad background of scientific information. They appreciate the importance of presenting their material in a manner both precise and intelligible to the lay public.

American physicians and scientists have been urged to make use of this organization when, as individuals or groups, they wish to publicize their theories and results.

ALTMEYER TAKES REINS

WASHINGTON OPINION holds that John G. Winant has resigned as chairman of the Social Security Board because he wishes to be left free to step into one of the President's proposed new cabinet posts—Secretary of Social Welfare. Arthur G. Altmeyer, an original security board member, has taken Mr. Winant's place, announcing that he does not consider the Social Security Act "a final answer to the need of social security." To fill the vacancy on the board, Murray W. Latimer, expert on industrial pensions, was recently appointed.

DOUBLE ACTION



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The Longer Lasting Antacid

1. As an antacid, Ludozan neutralizes excessive stomach acid. Its prolonged action does not induce alkalosis with its resultant swingback to hyperacidity. It does not interfere with digestive processes, cause diarrhea or constipation.

2. As a protective, Ludozan provides a film-like coating of silicic acid gel which shields the tender gastric mucosa from mechanical irritation. Healing processes may then occur in a natural way.

Composition—Ludozan is an insoluble aluminium silicate containing about 12% of soluble sodium silicate. For more stubborn cases of hyperacidity and gastric ulcer, Ludozan with Belladonna (containing 0.5% Belladonna) is suggested.

Convenient—Uniform . . . There are 21 separate, plain white prescription envelopes to a can of Ludozan (and Ludozan with Belladonna). Each paper contains a uniform dose of 1 teaspoonful.

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CYSTODYNE (TYREE)

ALL of the advantages of a well balanced and carefully compounded prescription of the tested and effective genito-urinary sedatives and antiseptics are found in Cystodyne—and in addition it is pleasant-tasting. This is a valuable factor in the treatment of stubborn cases—where long continued everyday use tends to become unbearable to the patient if the medicine is disagreeable. Your patients will not rebel against Cystodyne and you can continue treatment as long as is necessary to clear up even the most stubborn cases.

FORMULA:

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One dessertspoonful in water t.i.d. before meals.

SUPPLIED:

In 4 oz. and 10 oz. prescription bottles.

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So You Can't Talk!

An interpretation of the law on privileged communications between doctors and patients.

BY CHARLES R. ROSENBERG, Jr., LL.B.

Back in 1776 an English court ruled that a physician "would be guilty of a breach of honor and a great indiscretion" if he voluntarily revealed professional secrets. Solemnly the court added, "But to give such information in a court of justice will never be imputed to him as any indiscretion whatever."

Thus, into English common law was woven a precedent that applies here in the United States today to voluntary disclosures made by any physician. Such voluntary disclosures deemed by a patient to be injurious to him in either a business or a social way may form the basis of a damage suit against an indiscreet doctor. And few state medical boards would hesitate to consider such a violation of professional ethics as grounds for revocation or suspension of the offender's license.

The law on disclosures *in court*, however, has been modified. Statutes now effective in 26 states* amend the English common law by *forbidding* physician-witnesses to reveal professional secrets in court. In the other 22 states the common law still prevails, *allowing* court disclosure of facts acquired in the course of professional attendance.

Even in certain states and in the District of Columbia where relations between a doctor and his patients have not been legislated into complete privacy, some legal restriction is placed on courtroom airing of privileged communications. Following are a few typical examples.

California: A physician can be required to reveal professional secrets only when testifying in suits brought for personal injury to a patient.

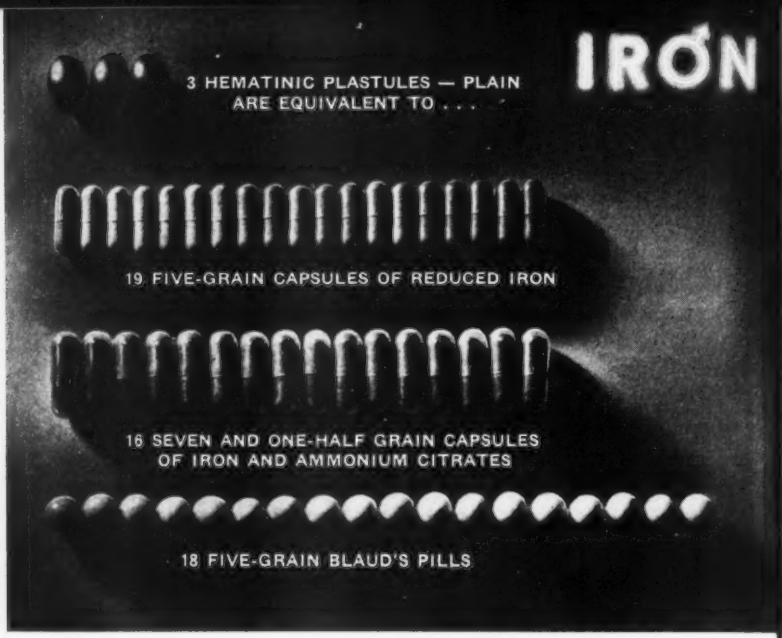
District of Columbia: Criminal cases involving homicide are the only ones for which a physician may be required by the court to reveal pertinent medical facts.

North Carolina: The judge must decide whether or not a physician's testimony revealing professional secrets is necessary.

Pennsylvania: In civil cases a physician may not disclose facts which "tend to blacken the character of the patient." In criminal actions, however, and in lawsuits by a patient against a third party for personal injuries, any and all pertinent testimony is permitted.

Wisconsin: Except in homicide

*Arizona, Arkansas, Colorado, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, New York, North Dakota, Ohio, Oklahoma, Oregon, South Dakota, Washington, West Virginia, Wyoming.



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cases, lunacy inquiries, and malpractice actions against himself, a doctor may not violate his patient's confidence.

In the 26 states holding physician-patient communications completely inviolate, they may be disclosed in court if the patient waives such protection or testifies as to his own physical condition in question. The law considers that once the patient himself has stated the facts, there is no reason why the attending physician should be exempt from giving the court the benefit of his expert knowledge. Generally, too, in workmen's compensation cases, testimony about a patient's medical condition is permitted.

In all probability, several other questions on this topic will occur to readers. I have attempted to anticipate and answer them.

Just what constitutes a privileged communication under the statutes of those states which have recognized it?

Here the wording of the Missouri law is enlightening: "All communications made to a physician or surgeon by a patient under his charge or by one seeking professional advice are hereby declared to be privileged, and such physician or surgeon shall not be required to disclose the same in any legal proceeding, except at the instance of the patient." Other statutes define privileged communications as "any information which the doctor may have acquired in attending the patient and which was necessary to enable him to prescribe or act for the patient."

Do these protective statutes differentiate between information given to a doctor by a paying patient and similar information given by a charity patient?

No. No distinction is made.

Do any statutes restrict the physician from testifying as to a patient's condition when defending himself against a malpractice action?

Strictly speaking, the wording of some statutes would seem to answer "yes." However, the tendency of most courts is to hold that when a patient sues his physician for malpractice, he thereby waives the privilege of professional secrecy. Otherwise, of course, the doctor would have no way of defending himself.

Does the protection of professional communications continue even after a patient's death?

That question is often raised in will contests when the deceased's physician is called upon to testify as to his patient's mental capacity. Some courts maintain that if the physician's knowledge is derived solely in the course of his professional relationship with the deceased, he can not testify. Others feel that since statutes covering privileged communications are designed to protect the patient from embarrassment and possible financial loss, there is no objection to a physician's describing the mental or other ailments of a deceased patient.

Naturally, this discussion of statutes governing privileged communications provokes a final and all-important question: How can a medical man keep on the safe side of the law in this respect?

Regardless of the particular provisions of law extant in the state in

which he practices, the physician will do well to keep the following in mind:

Law or no law, voluntary disclosures regarding a patient should *never* be made; that is self-evident. Where the law requires reports on contagious and infectious diseases, it must, of course, be obeyed. However, such reports should be filed immediately with the proper authorities and their privacy guarded.

Even when it is a physician's plain duty to warn members of a patient's family or others who may be exposed to a diseased patient, the utmost discretion should be exercised. In one case a venereal patient was a guest at a hotel. The physician in attendance told the proprietor what precautions to take in order to prevent spreading infection. A highly indignant patient lost no time suing the physician. Fortunately, the court held the defendant entirely justified.

No physician occupied with the demands of his calling can be expected to know the precise attitude toward professional secrets taken by the law in his state. Interpretations of such statutes vary with different cases. Therefore, before testifying at all, a doctor should ask the court to rule on the question of his right to testify. Such a ruling is particularly important where the testimony may be adverse to a patient's interest.

NEW HEALTH MANUAL

A 68-PAGE public health manual designed to instruct the family physician in preventive medical procedures is now being distributed to members of the Medical Society of New Jersey. Each of the handbook's dozen chapters was written by a specialist in a different field, following which the twelve contributions were edited so as to present them in the language of the general practitioner.

Not only does the manual recommend procedures, but it also describes facilities available through the state medical society. Chapter headings include "Crippled Children," "Cancer Control," "Mental Hygiene," "Communicable Diseases," "Maternal Welfare."

The Medical Society of New Jersey is especially interested in reaching the man most in need of help—the man who does not take postgraduate courses, who fails to attend his county society meetings

2 Valuable Aids

For the Eyes

OPHTHALMIC Solution No. 2 3ss

(Sol. Oxycyanide of Hg.c Zinc)

In the treatment of eye injuries, eye strain and irritation.

For Nose and Throat

OLIODIN 3ii

(Iodinized Oil Compound)

To relieve head colds and other affections of the nose and throat.

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MAGMA ALUMINAE ET KAOLINI

- adsorbs intestinal toxins
- checks diarrhea
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KAOMAGMA is a preparation of finest medicinal kaolin *activated to many times its normal adsorptive potency* by fluid dispersion in alumina gel. Kaomagma consolidates liquid stools and prevents the fluid depletion encountered in diarrheal conditions. It adsorbs gas, mucus and bacterial toxins, preventing further irritation to the intestinal mucosa. At the same time its definitely soothing and protective action upon the lining of the intestines allays inflammation, reduces soreness and discomfort, and hastens the return of normal bowel function.

Kaomagma Plain and Kaomagma with Mineral Oil supplied in 12-oz. bottles.

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During this short time you must begin to build up an estate which will provide for you and your family when you can no longer practice.

A Monarch Retirement Income Policy is an arrangement which guarantees regular income during your later years. The particulars concerning the benefits of this plan will be furnished to you gladly, and without further obligation. Address:

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Life Insurance Week—May 17th-May 22nd, 1937

regularly, or who neglects his scientific journals. Publication and distribution of the new handbook are being paid for out of the dues of members.

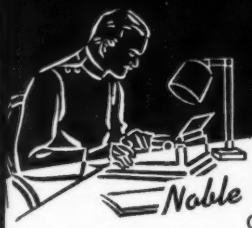
It is the hope of the society that the manual will help bring about a realization of the slogan: "Every Physician's Office in New Jersey a Health Center for the Practice of Preventive Medicine."

DOMESTICS RESENT VENEREAL PROTECTION

WHEN SEVERAL CHILDREN went blind from gonorrhea and the source of infection was traced to nursemaids and servants, the board of health of Englewood, New Jersey, decided to do something about it. An ordinance was passed, compelling every servant to be examined twice yearly by his or her own physician for venereal disease, tuberculosis, typhoid, and throat infections. Violations would subject both employer and employee to a $25 fine for the first offense; $50 for each offense thereafter.

As the news made the rounds of Englewood's kitchens and nurseries, a chorus of indignant protests rose up from the hired help. Employers, faced with the loss of old servants and the uncertainty of getting replacements, added their voices and demanded that the ordinance be repealed.

Many servants complained that a physical examination, particularly for venereal disease, would subject them to embarrassment and humiliation and was a violation of



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Dear Dad:

How about some free therapeutic advice?

Can you recall the Easter Holidays of my junior year when one of the blonde Barke boys came to your office with an eruption over his back and with the complaint that it itched terribly. The skin lesions were circular and discrete. Some were crusted and some were exudative. All were about the size of a large pea. You diagnosed a sensitization to some food.

During the last month I had an eight year old boy with such an eruption. I wasn't positive what you had used for Barke but I know Campho-Phenique is usually your standby in such skin conditions—so I tried it in this way:

In the vesicular and exudative stage I prescribed Campho-Phenique Powder sifted thickly on the lesions each A.M. and P.M. As the areas crusted I changed to Campho-Phenique Ointment applied once a day, just before going to bed. And then, to hasten the last stage of healing, I instructe him to paint Campho-Phenique Liquid on the isolated areas each A.M. and P.M. Well, he was comfortable and symptom free during the entire course.

All my patients seem to like the idea of contin uing the same ingredients in three different forms for the various stages.

Now tell me. I know the therapy is correct, c you improve my technique?

CAMPHO-PHENIQUE COMPANY ME
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Gentlemen: Please send me samples of Campho-Phenique.

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CONVALESCENCE
in Cool, Northern
NEWFOUNDLAND

TO hasten recovery, send convalescents to this leisurely Northern land where worry, haste—and hay fever are unknown! Here they'll lead a wholesome outdoor life, lazy or active—breathe tonic, tangy sea air—surrounded by dense forests, peaceful lakes and rivers. Spectacular fjords . . . quaint fishing villages . . . golfing, sailing, canoeing, sightseeing—with modern camps, hotels, at modest rates.

Write for free booklet, "Come to Newfoundland," to Newfoundland Information Bureau, Dept. G, 620 Fifth Ave., New York, N. Y., or Newfoundland Tourist Development Board, St. Johns, Newfoundland, or any travel agency.

Prolonged
IODINE MEDICATION
WITH THE UNDESIRABLE FEATURES MINIMIZED

In chronic cases which require treatment with iodine over an extended period, it is desirable to use a form of iodine that may be administered, for months at a time if necessary, without toxic effect.

RIODINE
(ASTIER)

With Riodine, an iodine addition product of castor oil having an iodine content of 17% of its total weight, effective iodine medication may be administered over long periods with little fear of gastro-intestinal or other iodine disturbances.

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their rights. Others were perfectly willing to be examined provided their employers also were checked for the same diseases. "It is only fair," they argued, "that we have equal protection with our employers."

In spite of the uproar, the board of health refused to rescind the ordinance. Under the leadership of Dr. J. H. Irwin, member of the board of health and president of the Bergen County Medical Society, Englewood is making a determined effort to win popular approval of the measure and a saner, more intelligent attitude toward venereal disease.

Service clubs, women's clubs, churches, and hospitals are being asked to help. Groups are volunteering for Wassermanns to break the ice for those who may know or suspect that they are infected but are afraid or ashamed to be examined. And mass meetings are planned to acquaint the people at large with the purposes of the campaign.

Meanwhile, because of a lack of public support, which it is hoped will be only temporary, the servants' ordinance is not being enforced.

MEN with an A. B. degree do better work in medicine than those who enter with a B. S. or an excessive amount of the sciences, says Dr. Fred Zapffe, secretary of the Association of American Medical Colleges.

Adds Dr. John Wyckoff, president of the association: "Before and after a doctor enters medical school there should be a developing of the philosophy of life. There are so many colorless doctors."

(5th of a SERIES)

Salines

IN SENILE CONSTIPATION

Salines are most suitable aperients in senescent atrophy of the intestinal muscles. The gentle evacuation provided by the salines is important in old-age constipation, where gently stimulated peristalsis is demanded.

Sal Hepatica

is the mineral saline of two-fold benefit. By gently increasing peristaltic efficiency and heightening osmosis, Sal Hepatica acts to rid the intestines of injurious waste. By helping to maintain the alkaline level in tissues and plasma, Sal Hepatica aids in building resistance against many ailments.

Sal Hepatica also stimulates an increased rate of bile flow from the liver into the gall bladder and thence, into the duodenum.

The synergistic constituents of Sal Hepatica achieve practically the same safe action as those of famous mineral spring waters. The sparkling effervescence makes it easy to take . . . Requests for trial sizes of Sal Hepatica and literature given prompt attention.

Sal Hepatica Flushes the Intestinal Tract and Aids Nature To Combat Acidity

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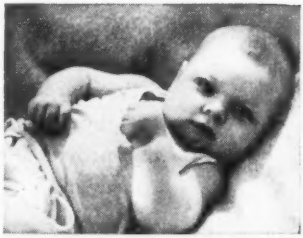
On the road from bottle to dinner table

"Peggy Lou" Armstrong at 3 months

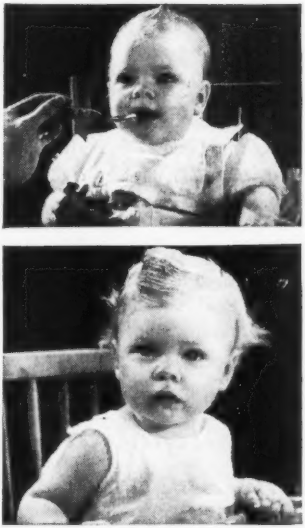


Her first solid food—Clapp's Strained Baby Cereal—has advanced Peggy Lou appreciably on her way toward adult diet. For, though well-strained and smooth, this baby cereal is not too liquid. It is a mistake, pediatricians say, to keep a baby marking time on baby foods that make scarcely any new digestive demands. The texture of each Clapp Food is approved by baby specialists.

"Peggy Lou" Armstrong at 8 months

Every month, Peggy Lou has gained more than a pound and grown 1½ inches. At 5 months, she was gradually introduced to Clapp's Strained Vegetables, rich in vitamins and minerals. These growth factors are assured for Clapp's Foods by fresh-picked produce and quick pressure-cooking.

"Peggy Lou" Armstrong at 10 months



She can walk around chairs now, and apparently she has never stopped growing for a single day. Since she was 9 months old, all 16 of Clapp's strained vegetables, soups and fruits have been on her diet list. So she has developed a welcoming attitude toward new flavors, and a capable digestive system, uncoddled by foods that are too liquid.

Clapp's Foods are made to fit the highchair baby's needs exactly, by a company that makes nothing but baby foods—that offers the largest variety—and that pays unusual deference to the reports of laboratory and advising physician.

FREE: —May we send you a comprehensive booklet of recent findings on Infant Feeding? Address Harold H. Clapp, Inc., Dept. 612, 1328 University Ave., Rochester, New York.

16 VARIETIES

Soups: Baby Soup (Strained), Baby Soup (Unstrained), Vegetable Soup, Beef Broth, Liver Soup.
Vegetables: Tomatoes, Asparagus, Spinach, Peas, Beets, Carrots, Green Beans.
Fruits: Apricots, Prunes, Applesauce.
Cereal: Baby Cereal.

Clapp's Strained Foods

THE ORIGINAL STRAINED BABY FOODS

☆ THE NEWSVANE ☆

AIR TRAGEDIES UP

Air tragedies which shocked the nation in the closing months of 1936 definitely lowered the safety records of domestic air lines, according to the latest half-yearly report of the Bureau of Air Commerce. The number of passenger-miles-per-death flown from July 1 to December 31, 1936 was only about 85% as great as the number flown during the corresponding period of 1935.

This increase in air-travel mortalities resulted despite constant mechanical improvement and the development of various devices to overcome the bad-weather hazards. Authorities believe that necessary reforms include the establishment of stricter flying rules, the elimination of personal rivalry between pilots, and the infliction of severe penalties on lines suspected of risking passenger safety for the sake of time schedules.

International

Gas-proof baby carriages are the latest item in England's home-defense program.

ANTI-GAS MARATHON

England has its gas-proof baby carriages, but Russia goes her one better in gas-warfare preparedness, say reports received last month. Moscow youngsters have petitioned their government to ascertain how fast they should be able to don gas masks, get out of schools, and clean inflammable litter from their city streets. Interschool matches are being held to establish time-elapsed standards for preparation against gas attacks, and Russian moppets have demanded government awards for those schools which demonstrate their ability to meet the norm.

NEEDED: COLLEGIATE NURSES

A public health nurse must have qualifications demanded of no other group in the nursing profession, said Dr. Livingston Farrand, president of Cornell University, at the recent silver jubilee of the National Organization for Public Health Service. "She cannot be too highly trained," he went on, prefacing an exhortation to college women to carve careers out of public health nursing work. There is a growing need for trained personnel in that field, he explained, thanks to increased social security activity. In support of Dr. Farrand's contention, Miss Elizabeth

Fox, director of the Visiting Nurse Association of New Haven, Connecticut, declared that the United States could use 40,000 public health nurses in addition to the 20,000 it now has.

CONTRACT ECONOMICS

An example of the economic imbalance which upsets many a contract practice has been publicized by the Medical Society of the State of New York as a warning to its members. The story: For $1,400 a year, out of which he had to pay for all his medical supplies, an Illinois doctor contracted to care for the poor of a medium-sized city. At the end of a year he found that he had pulled 542 teeth, had performed five hysterectomies and 72 other abdominal operations, and had attended 55 obstetrical cases. Also, he had had 5,703 office visits, 3,223 residence calls, 66 visits to the county home, 57 police calls (fifteen to the county jail), and 177 calls to rural districts from eight to 23 miles away.

TO FEATURE PREVENTION

Preventive medicine is to assume a more important place in the curriculum of Manhattan medical students, it was announced last month. A plan has been worked out by Dr. John L. Rice, New York City Commissioner of Health, in concert with five medical colleges in the city, by which they will set up training centers—"virtually auxiliaries to the medical schools"—to provide students with practical experience in the problems and methods of disease prevention. Postgraduate courses will also be given for lay workers engaged in public health work. The project is expected to be of great value to medical students, to personnel at the department of health, and to the community at large.

PROBLEM IN MORTALITY

A.M.A. President Charles Gordon Heyd, addressing the recent annual secretaries' conference of the Indiana State Medical Association, gave his audience a lesson in state medicine arithmetic. "In the United States," he expounded, "the mortality per 1,000 infants under one year old in the eight leading cities averages from 48 to 57. . . In 52 German cities there was an infant mortality of sixty, in 121 English cities, 63; in Berlin, 59; and in London, 67.

"Do you want the cancer death rate of England and Wales—156.3 per 100,000, as against this country with a rate of 106.3?

"All of these are yours under compulsory health insurance," added Dr. Heyd, by way of a *Q. E. D.*

CO-OPS' PROGRESS

President Roosevelt wants to avoid throwing federal support to consumer cooperative enterprises (medical services included), according to well-in-

MICAJAH

CHECK HEMORRHOIDS

Large, inflamed hemorrhoids shrink, *often to harmless* proportions, with the use of Micajah's Suppositories. Irritation is relieved by astringent action on the mucous membrane, and relaxation of the sphincter ani.

Free Sample—penny postcard brings it to you. Advertised to physicians exclusively.

MICAJAH & COMPANY, 264 Conewango Avenue, Warren, Pa.

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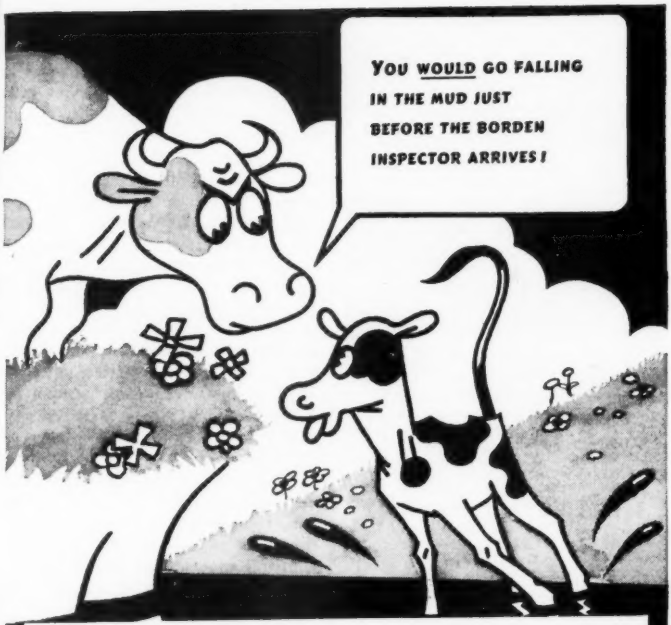
DOCTORS DEPEND ON THEM



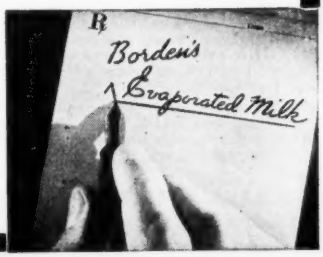
GETTING DOWN TO FACTS . . . cows on Borden-approved farms lead such clean lives it's positively unexciting. A field corps of Borden inspectors rigidly supervise farm sanitation, equipment, methods and buildings to assure herd health and cleanliness.

Extra-fussy it may sound—but only care like this assures a fine, safe milk—the kind you get in every can of Borden's Irradiated Evaporated Milk.

When you write "BORDEN'S" ...on a formula calling for irradiated evaporated milk you make sure that the brand actually *used* is one that lives up to your own strict professional standards.

If you are not familiar with the brand name under which Borden's Evaporated Milk is sold in your locality, write The Borden Company, 350 Madison Ave., New York City.

Borden's Evaporated Milk was accepted in 1938 by the American Medical Association Committee on Foods.



TILDEN HAS KEPT FAITH WITH PHYSICIANS

THE BIG THREE
Neuralgia–Neuritis–Periodic Pains
need **BROMOSO** *(Tilden)*
which relieves pain, the origin of which is usually a hyperesthetic nervous state. BROMOSO is sedative—anodyne—yet is NON-NARCOTIC and is packaged in dispensing and regular size bottles.
Medical Information is available on request.

THE TILDEN COMPANY
The Oldest Pharmaceutical House in America
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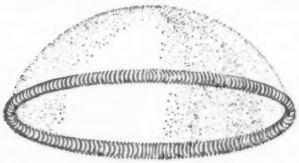


MARVOSAN
PERFECT DIAPHRAGMS

A superior product made of smooth-finish, steam-cured plantation rubber. Dispensed by prominent obstetricians and gynecologists.

Manufactured by the makers of MARVOSAN, L-A-J and QUINSEPTIKONS with a background of 33 years in the distribution of products for feminine hygiene.

● Your Rx blank or professional card will bring you FREE, illustrated technique for fitting diaphragms and sample tube of LEN'S surgical Lubricating Jelly.

TABLAX COMPANY
Pharma-Clinical Laboratories
32 Union Square, New York, N. Y.

formed Washington observers. His desire to play down the issue follows the release of a report by a commission which he sent abroad last summer to study European co-ops (see April issue, page 141).

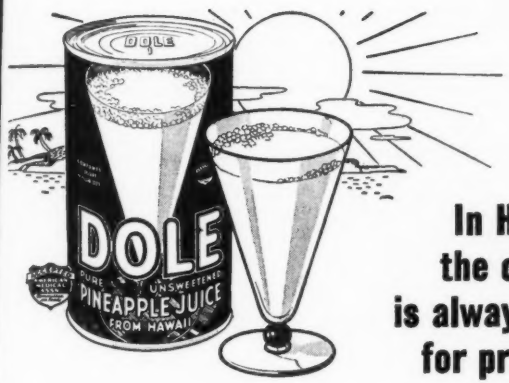
Contrary to expectations, the study group has failed to supply much propaganda for the co-op movement, confining itself, for the most part, to plain facts. However, zealous supporters see a ray of hope in the investigating commission's unanimous recommendation that another study be launched, this time to probe U. S. enterprises; that an agency be established to give research and advisory service to co-ops (this to be linked directly with all government activities in behalf of consumers), and that steps be taken to assure credit parity for co-op projects.

Meanwhile, the International Union of Cooperatives in North America has been formed. The new organization is the result of a combine between the United Farmers Cooperatives, of Ontario, Canada, and the National Cooperatives, Inc., of America (500,000 members), said to be the largest unit of its kind in the country. Members of the Cooperative League of the United States* see in this merger another step toward their goal of establishing cooperative medical service through the 12,000 consumers' societies in this country.

ADVANCE ON QUACKS

A special committee on the illegal practice of medicine, just appointed by the New York County Medical Society, has rolled up its sleeves preparatory to cracking down on those who prey on the public's health, pick its pockets, and harm the regular practice of medicine. To accomplish its

*An article by the league's president, Dr. James Peter Warbasse, was published in the January issue. It describes the development and the significance to medicine of the co-op movement in this country.



In Hawaii the climate is always perfect for producing

DOLE HAWAIIAN PINEAPPLE JUICE

IN HAWAII . . . Dole-grown pineapples ripen to uniform and constant goodness, season after season. And throughout the year, you can safely prescribe Dole Hawaiian Pineapple Juice for your patients' diet, knowing they are receiving unvarying quality and flavor. You can be assured that the juice is extracted from luscious pineapples picked at the peak of their perfection . . . neither too ripe nor too green.

The *original* pineapple juice from Hawaii—Dole Juice—is packed by the exclusive Dole Fast-Seal Vacuum-Packing Process which retains to a high degree the important fresh-fruit constituents. And this tangy, unsweetened juice is also a natural source of vitamins A, B, and C.

Hawaiian Pineapple Company, Ltd., Honolulu, Hawaii, U. S. A.—Sales Offices: San Francisco.

Here Is a Typical Analysis of Dole Pineapple Juice:

Moisture	85.3 %
Ash	0.4 %
Fat (ether extract)	0.3 %
Protein (N x 6.25)	0.3 %
Crude fibre	0.02%
Titratable acidity as citric acid	0.9 %
Reducing sugars as invert sugar	12.4 %
Carbohydrates other than sugars (by difference)	0.38%

TARO PATCH WORKERS—*All over the islands of Hawaii where fresh running water is available may be seen the patches of taro worked by the natives in the same manner as in ancient times.*

Poi is made from the taro root, and constant care must be given the plant until the roots are mature and ready for use.

The water buffalo proves a patient servitor in the plowing preparatory to new planting. All members of the family lend a hand in cultivation.

P.S. How would you like to enjoy a long cool glass of delicious juice yourself? Just write us on your letterhead and we will be glad to send you a generous sample can free.

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purpose successfully, the committee declares, it must have actual proof of illegal practices. Therefore, New York City physicians have been asked to report at once any outlawed procedures, including

(1) Counter-prescribing, diagnosis, and treatment by druggists and their clerks.

(2) Illegal practice by chiropractors, chiropodists, and podiatrists.

(3) Quackery by foreigners, such as "Chinese healers" and "Polish barbers."

(4) Beauticians dabbling in dermatology.

(5) Bathing establishments offering physiotherapy without medical supervision.

(6) Practice of corporate medicine by utility groups and department stores.

(7) Treatment of eye diseases by opticians.

(8) Prescribing and diagnosing by lay psychologists, psychoanalysts, naturopaths, and food faddists.

C. O. D. SPELLS RACKET

Hospitals and doctors continue to attract the attention of racketeers. Lately, several Manhattan hospitals have been victims of the so-called C.O.D. dodge: An individual, using a staff physician's name, telephones the hospital and asks the cashier to pay for a package he is having sent. The money is advanced as requested. The package, when opened, is found to contain old shoes or worthless junk. So widespread has this trick become that most New York hospitals have posted notices warning against it.

GODDESS IN TORONTO

A modern Venus walks the campus at the University of Toronto. But Dr. Edith Gordon, women's medical adviser at the university, is the only person who knows who she is. The "perfect woman" was found by Dr. Gordon recently after fifteen years of examining students. Until this one came along, poorly dimensioned backs or legs or necks always spoiled otherwise 100% scores. "Each year I hoped to meet her," says "Venus'" discoverer. Male students who feel the same way hope that Dr. Gordon will soon identify the goddess.

"IS YOUR CHILD SAFE?"

Touched off by the explosion which took the lives of nearly 500 school children in New London, Texas, renewed efforts are now being made by the Office of Education, U. S. Department of the Interior, to create a demand for its publication, *Safety and Health of the School Child*. The 29-page pamphlet (sent to anyone upon request) lists over 200 questions designed to remind those interested of the many precautions that should be taken. Everything from fire hazards to the sani-

Collect Delinquent Accounts with this FREE SYSTEM!

ARROW SERVICE
Arrow Bldg., Schenectady, N. Y.

Please send me your FREE, Physicians' Collection System.

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You mail the notices to patients, the money *comes direct to you*, unshared. Response is immediate and cordial relationship is maintained. Hundreds of physicians, clinics and hospitals everywhere use and recommend this system. It is yours for the asking. Use the coupon.

Convenient IN FORM

Effective IN FORMULA

They contain
PARAHYDRECIN

Parahydrecin (*anhydro-para-hydroxy-mercuri-meta-cresol*) the active ingredient in Norforms, is a powerful, stable, non-toxic antiseptic . . . non-irritating to vaginal mucosa—in a soothing base designed to maintain long internal contact.

NORFORMS were designed to meet the demand for a method of vaginal hygiene, simple to apply, effective in practice and capable of maintaining antiseptic contact with the entire vaginal area. Because of their convenient form and their soothing, yet dependable action, Norforms are preferred by patients over methods requiring applicators or bothersome solutions. Norforms have a long and successful history in the treatment of leucorrhea, vaginitis, and cervicitis as well as in general vaginal hygiene.

Samples free to physicians, upon request.

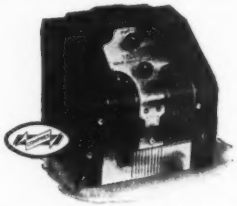
THE NORWICH PHARMACAL COMPANY
Box ME-5 Norwich, New York

NORFORMS

KNOWN TO PHYSICIANS AS VAGIFORMS

FOR VAGINAL HYGIENE

WAPPLER COLD CAUTERY SCALPEL



Upsetting all tradition, the new Wappler Cold Cautery-Scalpel completely revises all previous standards of versatility, for the new unit replaces with superior efficiency the usefulness of many individual pieces of existing equipment. Appropriately termed the Cold Cautery-Scalpel, it provides:

VERSATILITY AND UTILITY

Three kinds of current, bipolar active, indifferent and diagnostic light. Combines coagulation, cutting, haemostatic and tissue destruction. Daily application by every physician and surgeon—at bedside, office or hospital. Single power control permits instant selection of current intensity needed for the effect desired.

Why not let your dealer demonstrate this instrument with its wide assortment of electrodes at your convenience?

Complete with vacuum tube and footswitch **$85.00**

COMPREX DIVISION
AMERICAN CYSTOSCOPE MAKERS, INCORPORATED
FREDERICK C. WAPPLER, President
NEW YORK, N. Y.

At your next
Medical Society Meeting

Display these six

Health Insurance Panels

They show briefly and graphically the highlights of (1) the future of private practice; (2) state medicine—as practiced in Russia; (3) compulsory health insurance—as practiced in Great Britain; (4) voluntary health insurance—as practiced in the United States; (5) group hospitalization; (6) the Washington Plan. These panels have been shown already among the scientific exhibits at a number of medical society meetings. They measure 30" x 40" in size, and are mounted on composition board. Any recognized medical society may borrow them upon payment of transportation charges only.

MEDICAL ECONOMICS
Rutherford, N. J.

tary condition of toilets and the safety of playground apparatus is covered.

Among many questions on medical measures are the following: Are health examinations of school children conducted without hurry? Are all pupils showing signs of communicable disease promptly isolated and sent home under safe escort? Is the school nurse trained in first-aid work? Do you feel that you are protecting the present and the future health of every child in your school to the best of your resources?

HEALTH NEWS A REQUISITE

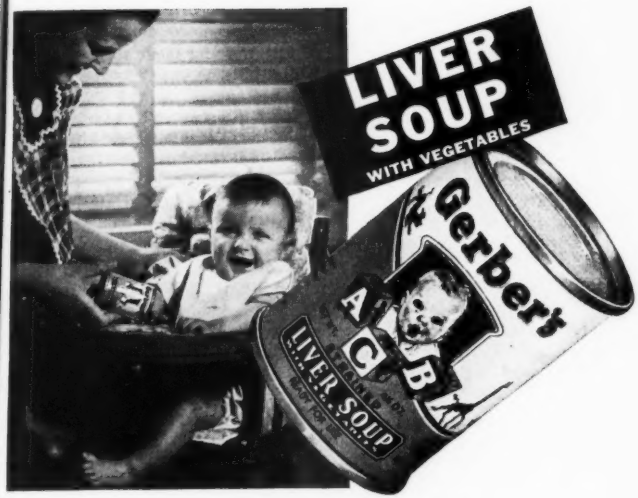
"Shall we suspend publication?" asked an editorial in a recent issue of the New Hampshire *Health News*, issued monthly by the state board of health. "No," the Manchester *Union* replied, adding: "The specific value of the bulletin resides chiefly in the fact that it constitutes an intimate link between the citizens and their health and sanitation service. . . The articles which it carries are news of a sort that cannot be fully reported by the daily journals. . . By stimulating public interest in the constant and sometimes dramatic battle which our health forces are waging against the enemies menacing our physical well-being, the paper serves a purpose which could not be served as well—if indeed it could be served at all—in any other way."

DOCTORS SUIT-PROOFED

Under a proposed addition to the state law covering municipalities, New York doctors contributing free service in public institutions will be protected against malpractice suits brought by charity patients. The bill provides that such physicians are to be considered employees of the municipality which, as the employer, will be liable in all suits against medical men based on services rendered free in city institutions.

FEES CONTROLLED BY LAW

Norwegian physicians have just discovered that their country's anti-trust



YOU *asked for this New Arrival!*

We've added Gerber's Liver Soup to the Gerber family because of the most insistent demand we've ever had for a product—a demand which came largely from doctors!

In this fine soup, intended especially for use with infants, children and adults' special diets, Gerber combines beef liver, carrots, potatoes, lima beans, celery, tomatoes, onions, barley, wheat germ and salt. When liver is introduced into a low iron-content diet (the usual milk, sugar and cod liver oil diet of infants) there is an increased retention of iron. To the adult requiring a fibre-free diet, Gerber's Liver Soup is excellent because it provides all the benefits of liver without the fibre. Furthermore, it is very palatable.

As in all Gerber products, Gerber scientific methods of straining and cooking, in absence of air, with the evaporation of excess moisture, make possible a high conservation of beneficial properties. A sample will be sent, free, on request. Use coupon.

Gerber's

Shaker - Cooked Strained Foods

STRAINED VEGETABLE SOUP—TOMATOES—GREEN BEANS—BEETS—CARROTS—PEAS—SPINACH—PRUNES—CEREAL—APRICOT AND APPLE SAUCE—LIVER SOUP

Gerber Products Company, 225
Fremont, Michigan

☐ Please send me sample can of your new Liver Soup with Vegetables.

Name .....

Street and Number .....

City ..... State .....

act applies to professional services as well as to commerce. A Holmestrand doctor has been served with a police summons charging that he violated the anti-trust law when he charged a fee of 500 Kroner (about $110) for a venereal disease treatment. The law considers that amount grossly out of proportion. The physician has refused to pay an arbitrary fine of 100 Kroner, and has found himself the object of public court proceedings.

SCENE OF AMERICAN CRIME

One out of every 400 citizens in the United States now going quietly about his daily tasks will be murdered, warned Lawrence A. Hince, of the Federal Bureau of Investigation, speaking recently before a group of Harvard law students. According to crime statistics he has accumulated, about 35 people a day are shot, stabbed, strangled, or otherwise put to death. Although 93% of the annual crime tally is chalked up against men, woman is truly the deadlier of the sexes, said Mr. Hince, pointing out that female-perpetrated crimes consist mostly of murder and manslaughter.

DOCTORS' BILLS PREFERRED

Midwestern doctors with a disheartening number of uncollectable accounts on their books learned with surprise recently that to a great many patients they are preferred creditors. The Household Finance Corporation of Chicago has reported that of the 600,000 loans it made during 1936, the majority were for medical, dental, and hospital bills.

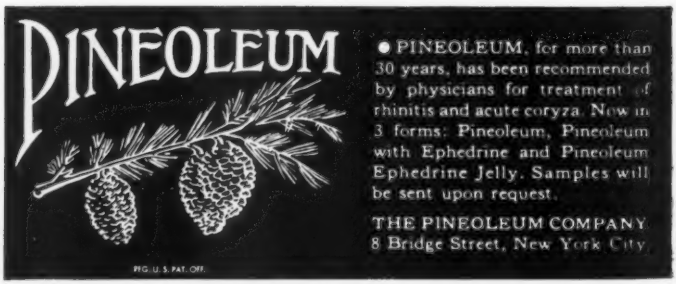
CRATED IN AN "IRON LUNG"

Reminiscent of the best efforts of Jules Verne is the trip planned for an American stricken with infantile paralysis in Peiping, China. When preparations have been completed by the medical staff at the Peiping Union Medical College Hospital, Frederick Snite, Jr., of Chicago, is to travel half way around the world in a respirator. His parents have requested permission to take him to Florida. They have been warned that their son will die within sixty seconds if, during the trip, he is deprived of artificial respiration.

ANTIVIVISECTION TURMOIL

The New York Antivivisection Society is having a knock-down fight over a resolution to disband and distribute its $30,000 to groups similar in purpose in other parts of the country. The scrap started shortly after Founder Diana Belais failed to find a suitable successor to her office as president. Mrs. Belais is accused by her confrères of engineering the group's dissolution.

Rebellious members have filed suit in the New York Supreme Court to prevent the action on the grounds that Mrs. Belais secured passage illegally of the resolution to dissolve the so-



Maximum Hemoglobin Regeneration with Optimum Iron Dosage...

In patients afflicted with secondary or hypochromic anemia, "there is primarily a deficiency in the hemoglobin rather than of the red blood cells".

Since the formation of hemoglobin is dependent upon an adequate supply or utilization of iron, the treatment involves the administration of adequate amounts of iron.

In order to maintain an optimum dosage of iron by the oral route, large doses may be necessary, which frequently are not well tolerated by the patient.

Fraisse's Ferruginous Ampoules supply iron by the parenteral route, either by hypodermic or intramuscular injection. There is an immediate and maximum hemoglobin response and simultaneously a definite increase of the erythrocytes occurs. While the blood picture is being favorably altered, a rapid improvement in the distressing subjective symptoms will be observed.

Ferruginous Comp. Ampoules

(Fraisse)

E. FOUGERA CO., INC. • DISTRIBUTORS • NEW YORK CITY

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. . . by combining with mild *local* measures the palliative *oral* treatment provided by *Gonosan*.

Gonosan "Riedel" is the ideal therapy in allaying inflammation and fortifying the natural resistive powers of the urethral tissue.

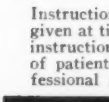
The results obtained in the treatment of gonorrhea with

GONOSAN

"RIEDEL"

are definitely noticeable in the relief of pain and irritation, in the restriction of infection, in the checking of chordee, in the reduction of discharge and in the soothing of inflammation.

Gonosan "Riedel" is a combination of purest East Indian Sandalwood Oil and Kava Kava resins. No renal irritation results from prolonged administration. The possibility of complications is greatly reduced. Gonosan is decongestive, anodyne, sedative and slightly antiseptic, relieving pain and soreness quickly.



TO PHYSICIANS

Send for free pad of "General and Dietary Instructions" for patients to be given at time of treatment. These instructions insure cooperation of patients in carrying out professional advice.

RIEDEL & CO., Inc.
BERRY and 50. FIFTH ST., BROOKLYN, N.Y.

ciety. They claim that according to membership corporation law, two-thirds of those having the right to vote must approve dissolution and that all assets must be equitably distributed among the members. The founder-president is accused of inviting to a special meeting only those known to be in favor of her plan.

The society's lawyer denies the charges; says he has not had time to prepare a formal answer; asks for an adjournment.

OKLAHOMA SCARED OF DOGS

Rabies in Oklahoma is becoming a greater menace than venereal disease, according to Dr. C. M. Pearce, head of the state health department. He states that in 1936 rabies cases increased 16% over those reported in 1935, and that the 1937 record will surpass that of 1936 unless something is done promptly.

The alarming increase is due mostly to careless control of stray dogs, many of which are believed to be infected by coyotes, civet cats, and skunks. Homeless dogs running the northern and western plains of Oklahoma get into fights with these animals. When wounded they limp back into town bringing rabies with them.

The Oklahoma legislature contemplates passage of a bill which would compel every respectable canine citizen to be licensed and would eventually eliminate all tramp dogs.

U.S.P.H.S. ORDERS DOCTORS

"Send for the doctor!" is an admonition repeated continuously throughout the 66-page booklet, ***What To Do In Case of Accident,*** just off the presses at the U. S. Government Printing Office. This new piece of literature is the work of Senior Surgeon M. H. Foster, of the U. S. Public Health Service, and is available to the general public at 10c a copy. The author outlines principles of first-aid work generally and describes in detail procedures to be

followed in various kinds of injury and illness. Emphatically he suggests that a physician be summoned to attend all but the most minor mishaps.

QUACKS ABROAD

Quackery is as rotten in Denmark as it is in the United States a recent dispatch indicates. Irregulars, calling themselves "natural doctors," are receiving what to the Danish profession is incredible popular support in a country where public education is at a high level. One female quack currently favored holds consultations in an old shed which formerly served as a hennery. She "cures" any malady her clients care to name. Because, thus far, her patients have escaped death subsequent to her ministrations, Danish law rules that the authorities can take no action against her. Another quack was seized by police in South Jutland recently. Her public prosecution was the signal for over 10,000 citizens to sign a petition urging the attorney general to stop action against her.

PRE-WEDDING WASSERMANNS

Connecticut has found that many of its lovers are being married outside the state because of its law (passed in January, 1936) requiring all couples to have negative Wassermanns before a marriage license is granted. In an eleven-month period last year weddings in the state declined approximately 4,000 from the total for a similar period in 1935. Bordering states report that they are getting more and more of Connecticut's nuptial business; however, health authorities count the loss worthwhile.

Weighing the value of the blood-test statute, Dr. Stanley H. Osborn, state health commissioner, has declared: "Granting the operation of the law for five years, fully 50,000 weddings will have been performed between 100,000 persons known to be free from syphilis at the time of their

marriage. In this period, at a very conservative estimate, 75,000 healthy children will be born. The number of stillbirths will decrease markedly . . . Any law which has such a widespread guarantee of freedom from the most dangerous of diseases not only should be continued in Connecticut but should be enacted in other states."

FREAK'S FRUSTRATION

"Happy Jack" Eckert, 739-pound professional freak, always wanted some medical school to have his body. A study of his glandular system, he thought, might reveal why he grew up so monstrously. Jack died from accident injuries in Florida a few weeks ago. With a surviving sister's consent, his mountainous body was offered to Tulane University, New Orleans. It was politely but firmly refused, with an explanation that such a Brobdingnagian cadaver would be of little value in anatomical study. Instead of the post-mortem spotlight he had hoped for, Jack the Giant was given an ordinary burial.

DRAWING THE COLOR LINE

Because the dying wife of the Negro composer, W. C. Handy ("St. Louis Blues"), was kept waiting in an ambulance for nearly an hour before she was permitted to enter the Knickerbocker Hospital, New York City, the National Association for the Advancement of Colored People has demanded an investigation by municipal authorities. If racial discrimination is found, the association asks that the city withdraw financial aid from the institution.

Mrs. Handy, suffering from a cerebral hemorrhage, died shortly after being placed in a private room. Dr. Farrow R. Allen admitted that his patient would have died anyway but branded the treatment she had been accorded as "cruel and unjustifiable." Hospital authorities deny drawing the color line, "regret" the incident, and blame an inept admission officer who has since been transferred to another job.

BLACK MARK FOR HOLLYWOOD

The moving picture industry's recently-won reputation for turning out films in which medicine and the profession are featured in an acceptable manner has been damaged. The Medical Society of the County of Erie (New York) passed a resolution recently condemning the picture, "A Doctor's Diary," as a "malicious attack on the medical profession in which the author's conception of the code of ethics is absurd. He attempts to portray the staff of a private metropolitan hospital as an avaricious crew of vultures who are defied by a temperamental nurse."

BRITISH PLAN REACHES OUT

Over 2,000,000 more persons, with annual incomes up to £400, will be included in Great Britain's mammoth

***Individualized* CORRECTION the only TRUE Method of Relief for WEAK or FALLEN ARCHES**

The reason Dr. Scholl's Arch Supports are so effective in relieving rheumatoid foot and leg pains, tired, aching feet and other ill-effects of weak or fallen arches, is that they are MOLDED to the exact degree of arch depression existing in each foot. (No two feet are alike.) They are adjusted as the condition improves, and after the arches are restored to normal the Supports no longer need be worn. No such results are possible in ready-made "arch support" shoes of one elevation to fit all feet.

Expertly fitted and adjusted at leading Shoe and Dept. stores everywhere and at Dr. Scholl's Foot Comfort Shops in many principal cities. Priced $1.00 to $10.00 pair. For professional literature, write The Scholl Mfg. Co., Inc., Dept. D, Chicago, Ill.

Dr Scholl's *Foot Comfort* ARCH SUPPORTS

Send for complete information, and the "ALLISON" Catalog of physicians' furniture.

For information as to the suitability for your office or home write us or telephone the Allison dealer in your locality. Ask him about our new budget plan.

The "Allison" AIR CONDITIONER

NOW AVAILABLE. . .summer comfort for you and your patients at a reasonable cost. The "ALLISON" cabinet-size Air Conditioner provides a gentle, positive and continuous circulation of filtered, chilled and dehumidified air at just the proper temperature for comfort and physical well being... in every respect a piece of equipment up to the "ALLISON" high standard of quality.

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PHYSICIANS' FURNITURE
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PILKA *for* PERTUSSIS

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Equally effective to relieve all types of

COUGHS

PILKA promptly checks the vomiting and reduces the frequency and intensity of the spasms. It permits normal nourishment, shortens the duration of the disease and hastens the patient's recovery.

PILKA contains no narcotics and is completely safe for patients of all ages.

In the treatment of other types of coughs, its action is equally prompt and effective. It liquefies tenacious mucous and soothes the irritated membranes. It does not interfere with other medicinal agents which may be employed in the treatment of the patient's condition.

Your card or letterhead will bring a free sample.

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P. O. Box 188, Clifton, N. J.

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STORM

Worn, the world over, for every condition requiring Abdominal Support.

Every belt is made to order.

Ask for literature

Katherine L. Storm, M.D.
1701 Diamond St., Philadelphia

health insurance program, under the terms of a bill now before Parliament.

The existing insurance system is compulsory, covering laborers and others who earn less than £250 a year. The new plan, on the other hand, is voluntary, having been designed especially to help England's "forgotten" subjects—storekeepers, clerks, farmers, and white-collar employees in general.

Beginning next January, working men who earn less than £400 annually and employed women who earn less than £250 annually will be able to insure themselves against sickness. The government promises to help foot the bill by making proportionate contributions.

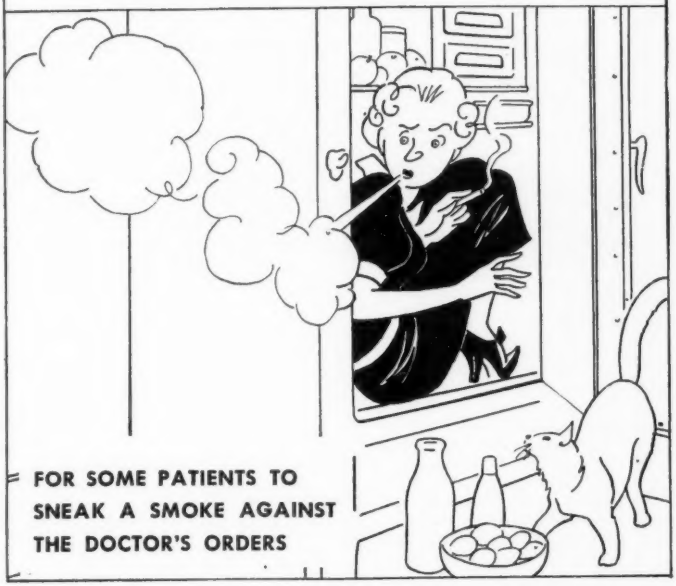
JAILED FOR ETHICS

Dr. Samuel Green, of Georgia, chose to risk jail recently rather than betray a patient's confidence. While testifying as an expert in a damage suit against the Georgia Power Company, he was cited for contempt because he refused to disclose the name of a woman patient on whom a blood test had been done. He declared that he would stay in prison for twenty days (the maximum penalty) rather than damage a patient's reputation. Said the judge, "I can conceive of good reasons why the relationship between a physician and his patient should be treated as confidential, but the legislature of this state hasn't seen fit to so declare."

"SERVE THE RICH FREE"

If the New York *Times* had its way, cancer detection and control would be removed from private practitioners to tax-supported institutions. In a recent editorial, the *Times* questioned the skill and equipment of the general practitioner for early cancer diagnosis, and pondered the ability of threatened thousands to pay for needed x-rays and pathological tests. Said the editorial: "The only chance for thousands statistically pre-destined to acquire cancer

IT'S JUST HUMAN NATURE—



FOR SOME PATIENTS TO SNEAK A SMOKE AGAINST THE DOCTOR'S ORDERS

When patients have sore throats, colds—and you advise against smoking, you know that your "no smoking" edicts are sometimes broken or ignored.

In such cases, Spud Cigarettes may be of service.

While we claim no therapeutic virtues for Spuds, we can positively say this in their favor:

Spuds are made of the very finest tobaccos. Scientific tests indicate that Spud's dash of mild menthol lowers the temperature of the smoke as much as 16%—and helps to condense, in the butt of the cigarette, the coal tar ingredients that irritate when inhaled.

Free Spuds for Doctors. Write on your professional stationery, for a free box of 100 Spuds, half plain tip and half cork tip. The Axton-Fisher Tobacco Company, Inc., Louisville, Ky.

SPUD CIGARETTES

15¢ a pack . . . PLAIN or CORK TIPS (plus tax in tax states)

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To Stimulate
OVARIAN FUNCTION
at Puberty or in
the Menopause

PANOVARIAN (Cole)
Cole's Endocrine Comp. No. 4

DELAYED puberty, and the untoward symptoms frequently associated with the menopause, are usually due to deficient internal ovarian secretion. At puberty, the syndrome consists of underdeveloped genitalia, retarded menstruation, and non-appearance of secondary sex characteristics. At the menopause, dysfunction is characterized by menorrhagia, hot flashes, and emotional imbalance.

Panovarian (Cole) is effective in many of these cases. Its composition of concentrated whole ovarian substance, pituitary and thyroid substances, and essential minerals, makes Panovarian (Cole) rational therapy in these irregularities. Excellent results are also reported in ovarian deficiency, disorders of the menstrual cycle and certain types of frigidity.

Any druggist can fill your prescription. Literature to physicians on request.

COLE CHEMICAL COMPANY
ST. LOUIS U.S.A.

. . . is to give them the chance to turn to some free institution which limits itself to diagnosis and which asks no questions as to earning ability."

CHIROPRACTIC FRACTURE

A New Jersey chiropractor who didn't know his own strength has found himself on the short end of a $50,000 verdict. A patient whom he attended some time ago brought suit, charging that during a treatment for a sciatic ailment his right femur was fractured by the chiropractor. In spite of an operation by a regular surgeon, the victim of chiropractic zeal has a right leg shorter than his left.

DOCTOR-GOVERNOR DIES

Arizona's depression-time Governor, Dr. B. B. Moeur, is dead. Without political experience or backing, Dr. Moeur rose from the obscurity of a country physician to the national headlines that marked his colorful gubernatorial career (1932 to 1936).

Elected in 1932 on an economy platform, his sales and other "nuisance" taxes caused a howl for his recall before the end of the year. But he persevered and kept his promise to save the state's credit. By 1934 the tax uproar was forgotten and he was reelected.

During Dr. Moeur's term, federal authorities refused Arizona's demand for an equitable distribution of power and water from the Parker Dam on the Colorado River. Forthwith the governor declared martial law. He sent machine guns and National Guardsmen up the river in Arizona's "navy"—the scow, *Julia B*—to "repel the threatened invasion of the sovereignty and territory of the state." He won his war with Washington. In 1935 the U. S. Supreme Court ruled that Arizona had the right to interfere until its demands were met.

Once every week as long as he was governor, Dr. Moeur opened his office

as a free clinic. He never hesitated while touring the hinterlands where physicians were scarce to swap top hat for white gown in a medical emergency. A strong supporter of the President, he once said: "If it hadn't been for Roosevelt, by God, we'd have been shootin' our neighbors, by God, back in 1933, and I'm damned if I wouldn't rather be taxed to feed 'em than taxed to buy gunpowder to blow 'em up."

KNIFE PALES BEAUTICIANS

Beauty shop owners who attended a recent convention in New York City are agreed that the four-star feature of the meeting's program began when three people filed into the southeast ballroom of the Hotel Pennsylvania, settled themselves in barber chairs facing the audience and, in succession, were operated on by Plastic Surgeon J. Howard Crum who reshaped their flat noses. Dr. Crum remained silent during the operations, but a Miss Carrie Jockers, dressed as a nurse, kept up a running fire of explanation interspersed with advice that those who felt squeamish should leave the room. Six beauticians, five women and one man, were unable to follow Miss Jockers' suggestion. They fainted.

M.D. AT 23

Copenhagen, Denmark, is pointing with a good deal of pride to Mogens Vitus Ingerslev who has been licensed to practice at the age of 23—an all-time record in the Scandinavian medical saga. Ingerslev became an undergraduate at 16½. Twenty-six is the average age for graduation in medicine in his country.

TAX EVASION PERMITTED

The state tax commission discovered a few weeks ago that New Hampshire physicians have been escaping the hungry eyes of tax assessors—a feat which John G. Marston, secretary of the commission, admits would have been difficult for Houdini himself. It

When Metabolic **DYSFUNCTION** is a Factor in Obesity

THYROPIT (Cole)
(Cole's Endocrine Comp. No. 19)

OBESITY is frequently due to deficient thyroid or pituitary secretion, or both. Adipose tissue in such cases is deposited especially in the pelvic and pectoral regions, producing a female habitus in males, and enlargement of hips and breasts in women.

For the correction of this type of endocrine obesity, Thyropit (Cole) — Cole's Endocrine Comp. No. 19 — is indicated. Its contained thyroid substance and whole pituitary stimulate metabolic activity, leading to a gradual but persistent loss of weight. At the same time the subject's muscular strength increases, dyspnea upon exertion and easy exhaustibility are lessened, and mental acuity is improved.

Any druggist can fill your prescription. Literature to physicians on request.

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has been estimated that Granite State doctors carry $100,000 worth of medicines in their offices. The item comes under the state's stock-in-trade tax provision, but it has been overlooked as a source of revenue. At this writing, Mr. Marston has given no indication of his intentions in the matter.

NUN'S BLEEDING A "MIRACLE"

On Good Friday, while physicians and priests watched silently, Sister Elena Aiello bled profusely from the forehead, according to a report from Cosenza, Italy. It is claimed that the phenomenon has occurred every Good Friday for thirteen years and resembles Christ's bleeding under his crown of thorns. Because most of those present are convinced that they are watching a great religious miracle, no attempt is ever made to stop the hemorrhage. Physicians who watched this year report that although the nun was pale from loss of blood, she seemed in no pain. As in previous years, they expected her physical condition to begin returning to normal the next day.

$5 *FOR SCARLET FEVER*

Indirectly, New York City's department of health may help pay a number of doctors' bills for services rendered to scarlet fever patients. The department is seeking blood donors among persons over eighteen years of age who have recently recovered from the disease. They will be paid $5 each.

U. S. ACE HOSPITAL BUILDER

The Public Works Administration retains its position as the nation's greatest builder of hospitals. Since June, 1933, when the PWA was organized, it has done two thirds of the nation's hospital construction, repairing, and renovation. PWA allotments up to last December had paid for 61,000 additional beds in federal

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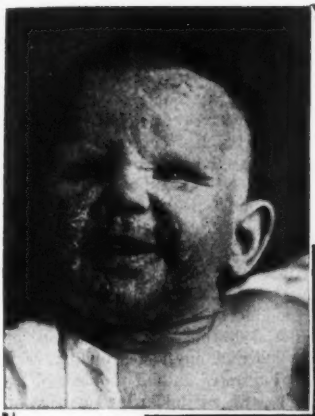

Feb. 9, 1935

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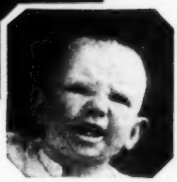

Feb. 22, 1935

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guarantees the best possible results from Mazon treatment. It cleanses and properly prepares the skin for the absorption of Mazon.

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and non-federal hospitals. Work had been done on 388 non-federal projects (covering 922 hospital buildings) at an estimated cost of $146,000,000. In addition, the PWA had spent $16,934,000 on 134 federal projects.

The PWA, interpreting its own activities, insists that they cannot be measured solely in terms of additional beds. Clinical facilities, it points out, have been added to many institutions, and a variety of equipment has been purchased.

JOURNAL OF SAFETY

To round out its program for cutting down the appalling number of automobile fatalities and injuries, the American Association for Motor Vehicle Safety, Inc., begins publication this month of the *American Journal of Safety*, its official quarterly organ. The association, which has its headquarters in Brooklyn, New York, was incorporated in 1936. Its executives are physicians. Serving on its advisory council are outstanding traffic safety experts from a number of states throughout the country.

The basic editorial policy of the new journal is to foster medical research into the causes and cure of the nation-wide epidemic of death and injury from traffic accidents. It will urge the institution of a central bureau of motor vehicle registration in Washington, D. C. to prevent state agencies from issuing licenses to former narcotic and mental patients. The magazine's editorial destinies are to be guided by a number of physicians familiar with and interested in the problem of reducing the toll taken by automobiles.

EIGHT-HOUR NURSING DAY

After July 1, nurses and attendants in New York City hospitals under a new municipal ordinance will start

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For the past fifty-nine years physicians have indicated their preference by prescribing "GARDNER'S" for effective iodine therapy.

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Indications include: common colds, la grippe, pneumonia, bronchitis, laryngitis, pharyngitis, rheumatism, goiter, glandular enlargements, infections, eczema, hypertension, bronchial asthma.

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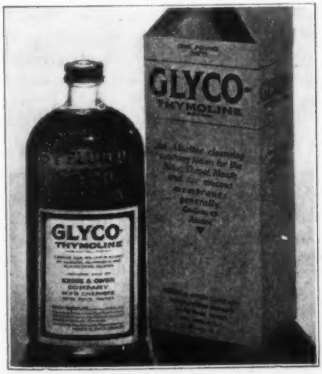

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on an eight-consecutive-hour working day. Thus, success crowns more than a year of torch-bearing for "a shorter working day as a humane and legal right" by the Association of Hospital and Medical Professionals, an affiliate of the American Federation of Labor. Interns are not to be affected by the measure. Miss Lucile McGorkey, president of the association, has declared that the bill will serve as the spearhead in a drive to promulgate an eight-hour day in hospitals throughout the country, particularly in the South and West. It is believed that the precedent set in the nation's major city will lend considerable impetus to the campaign.

STATE MEDICINE UNHOLY

Religion has entered the lists against state medicine. The Reverend Leo M. Carolan, O. P., of Providence College, lecturing recently to an audience which included physicians, said: "Charity toward the sick is not a mere impersonal social problem, but a divinely acquired right of the sick person. Hence, we must oppose any measures to socialize medicine and to degrade it to the status of a governmental bureaucracy and a tool of politicians."

BROTHELS ON THE SPOT

In France a new minister of health, Henri Sellier, promises to clamp down on an old institution—the licensed brothel, of which there are about 1200 throughout the country. Observers point out that M. Sellier's prospective attack will be fiercely and capably resisted by the men behind the big brothel "business." He has also to reckon with the animosity of thousands of Frenchmen jealous of interference with their traditional opportunities for extra-domestic activities. It is pointed out that he cannot look for support from the French medical press which recently published a defense of legalized bagnios.

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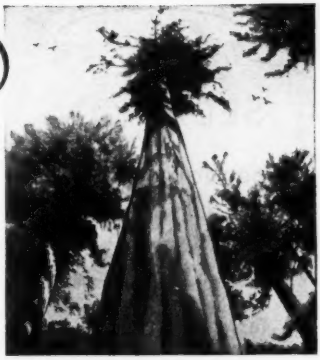

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SEDATION
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When administered in half-teaspoon doses three or four times daily, it produces dependably quieting sedation.

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Bromidia is indicated in mild manic states, emotional imbalance, mild functional neuroses, and insomnia.

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ARTICLES

THE HEALTH OF THE NATION, by Esther Everett Lape. A broad analysis of the problem of providing medical care. (*Atlantic Monthly*, April, 1937)

THE GAMBLE OF HOME OWNERSHIP, by Clifford B. Reeves. About the hazards of owning a house. (*Atlantic Monthly*, April, 1937)

THE DOCTORS DIAGNOSE THEIR OWN CASE, by Esther Everett Lape. The profession's views on changing the organization of medical care. (*New York Times Magazine*, April 4, 1937)

MEDICAL CENSORSHIP IN CALIFORNIA, by Lillian Symes. The California health insurance survey. (*The Nation*, March 27, 1937)

SYPHILIS CAN BE STAMPED OUT, by Dr. Thomas Parran. (*Reader's Digest*, April, 1937)

BOOKLETS

DOCTORS, DOLLARS AND DISEASE, prepared by William Trufant Foster. Rehash of the standard arguments for health insurance. (Public Affairs Committee, 10c)

EIGHT YEARS' WORK IN MEDICAL ECONOMICS, 1929-1936. (Julius Rosenwald Fund)

MILLIONS OF PATIENTS, by Dr. Victor G. Heiser. What the League of Nations is doing to better the world's health. (League of Nations' Association, 10c)

BOOKS

SOCIAL WORK YEAR BOOK, 1937, edited by Russell H. Kurtz. A discussion of activities in the social and allied fields. (Russell Sage Foundation, $4)

LIFE AND DEATH: THE AUTOBIOGRAPHY OF A SURGEON, by Dr. Andrea Majocchi. (Knight. $2.75)

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WHEN the periods are irregular, due to constitutional causes, ERGOAPIOL (Smith) is a reliable prescription. Containing apiol (M.H.S. special) together with ergot, aloin and oil of savin of the highest quality, this preparation effectively stimulates uterine tone and controls menstrual and postpartum bleeding.

In cases of ***Amenorrhea, Dysmenorrhea, Menorrhagia*** and ***Metrorrhagia,*** Ergoapiol serves as a good uterine tonic and hemostatic. Valuable in obstetrics after delivery of the child and for the menstrual irregularity of the ***Menopause.***

Prescribe 1 to 2 capsules 3 or 4 times daily. Supplied only in packages of 20 capsules. Literature on request.

As a safeguard against imposition the letters MHS are embossed on the inner surface of each capsule, **visible only** when the capsule is cut in half at seam as shown.

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BILIARY TRACT CONDITIONS: A noteworthy product called Exicol is now being prescribed for patients suffering from diseases of the biliary tract. It is described as a true choleretic and cholagogue, containing both a fatty acid (oleic acid) and bile salts. For descriptive literature, drop a card to the Brooklyn Scientific Products Company (ME 5-37), 70 Fifth Ave., New York, N. Y.

THUMB SUCKING: The purpose of Thum is to aid in breaking the thumb-sucking or nail-biting habit. It contains capsicum-citric acid in a nail-lacquer base and produces a hot, bitter taste which leaves soon after the fingers are removed from the child's mouth. A sample and a leaflet describing it are yours for the asking. Write to the Num Specialty Company (ME 5-37), 4614 Fifth Ave., Pittsburgh, Pa.

INTERNAL SANITARY ABSORBENT: Interested physicians can obtain a full-size package of Tampax and an informative folder by addressing Tampax Inc. (ME 5-37), New Brunswick, N. J. The tampons are made of highly absorbent cotton, compressed to one-sixth their original size, making insertion easy and allowing for expansion when moist. A patented applicator insures correct and hygienic insertion, and a strong cord is sewed to the cotton, assuring simple and complete removal. The tampons are indicated for virtually all cases of normal menstruation.

X-RAY SCREENS: This offer includes four newly published leaflets which give practical advice on caring for and mounting fluoroscopic and intensifying screens. The Patterson Screen Company (ME 5-37), Towanda, Pa., will gladly forward the leaflets on request.

GALL-BLADDER CONDITIONS: This attractive booklet gives facts about Chologestin, a preparation for treating biliary stasis and gall-bladder disease in its early stages. It describes the product as an effective choleretic made up of a bile salt and sodium salicylate. Besides the booklet, you can obtain a generous sample and a supply of diet lists prepared especially for gall-stone and bile tract patients. Just drop a card to the F. H. Strong Company (ME 5-37), 160 Varick St., New York, N. Y.

PULMONARY AFFECTIONS: The Firm of R. W. Gardner (ME 5-37), 372 Henry St., Orange, N. J., has published a booklet which describes its various pharmaceutical remedies. Special attention is given to Syrup of

XUM

Hydriodic Acid, a therapeutic agent which, the makers say, produces all the effects of iodine without causing gastric irritation. Its indications include bronchitis, bronchial asthma, and other pulmonary affections. In addition to the booklet, the company offers a generous supply of the product for clinical trial.

PARALYSIS AGITANS: The manufacturers of Genoscopolamine invite you to try their product for relieving the symptoms of paralysis agitans. They say it lessens muscular rigidity, reduces tremor, controls salivation, and gives, in most cases, complete comfort. Both a free sample and literature are available. Address Lobica Laboratories (ME 5-37), 1841 Broadway, New York, N. Y.

DIAGNOSTIC INSTRUMENTS: By word and picture, this folder describes many of the popular diagnostic intruments made by the National Electric Instrument Company (ME 5-37), 36-16 Skillman Ave., Long Island City, N. Y. Among them is the improved National otoscope, employing a new, treated specula which the makers say improves the quality of illumination by eliminating the glaring center spot and the usual halo.

UNGUENT: You can obtain a professional sample of Unguentine free of charge by writing to the Norwich Pharmacal Company (ME 5-37), Norwich, N. Y. The ointment provides an ideal antiseptic surgical dressing for burns, lacerations, and skin irritations, say its makers. The outstanding antiseptic ingredient of the product is parahydrecin, said to be stable, non-toxic, and capable of demonstration in dilutions of one to several million.

HYGIENIC POWDER: This leaflet gives all the facts about Mu-Col, a water-soluble powder for cleansing, douching, and irrigating the mucous membranes. Its formula combines neutral and alkaline salts with such adjuvants as menthol, thymol, and other bland essential oils that are said to give it a delightful aroma. A liberal sample, together with the leaflet, is yours for the asking. Address the Mu-Col Company, Inc. (ME 5-37), Buffalo, N. Y.

MEASLES: Two recommended methods of modifying and producing immunity to measles are outlined in the pages of this interesting leaflet. The means of control is said to be made possible by a three-year tested preparation, Immune Globulin (Human). A copy of the leaflet can be obtained from the Lederle Laboratories (ME 5-37), 30 Rockefeller Plaza, New York, N. Y.

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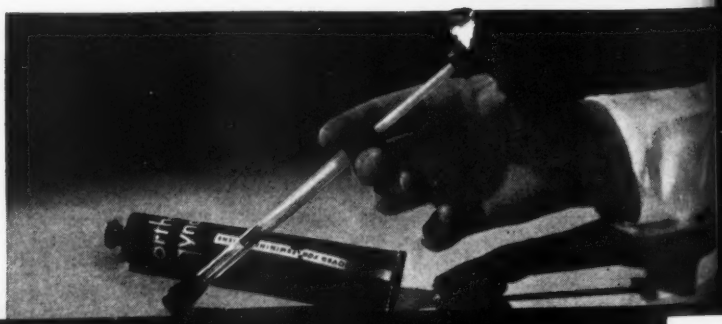

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